10017	1-	FOR STATE REGISTRAR		STATE OF MARYLAND & 5 2 8 5 7 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
nay be page 3		CEASED NAME OR PRINT)	ERST	_	F.	BU	1122 <u>5</u>	16	20 DATE OF DEAT	1.6-	NAY YEAR	2b. HOUR
And 2 shows the death. Page 2 mo, filled in by the foreral director, political bettled within 72 hours offer ourself of grace.	3 SE)	Male		1. RACE Cauc		S. DATE O	P BIRTH	2 2	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER ' YEAR MONTHS DAYS	HOURS MIN
	PA			USA	WHAT COUNTRY?	WIDOWE		ORCED	9 BALTIMORE CIT	11		^
	We	stminste	r	424 U	HOSPITAL, NURSII HEACILITY, GIVE STREET DION TOW	n Rd.	R OTHER INSTI	ITUTION	120 USUAL OCCUP TYPE OF WORK FOR MC Bookke		12h KIND (INDUSTRY ROOT	r BUSINESS C
	13a S	AL RESIDENCE (IF NURS STATE ID	13b COUN	other institution ity	130 CITY OR TOV Westmi	VN I		NO XX	13e STREET ADDRE 424 Uni	ss / zip code on town	Rd.	21157
And a		William	H		lessin	Con	Ann		M . MIDD.	S	chuhai	t
Sound of Market		VAS DECEASED EVER YES, NO OR UNKNOWN) YES	I HE YES GIV	MED FORCES? E WAR OR DATES) A/WWII			Betty		lessing	13e		UMATÉ INTERVAL ONSET AND DEATI
res that the med by the ourial, crem		gave rise to immoduse (a), stating underlying couse PART 2 OTHER SIGN	g the lost.	ONDITIONS CO	R AS A CONSEOU		NOT RELATED	TO THE TERMI	NAL DISEASE OR C	ONDITION GIV	EN IN PART 1	0
requirer signature to the period of the peri	TION	Jonal	tac	mma								
i: The law required side has been signant here permit Then yigner prior to be shown and the shows any injur	ERTIFICATION	190 DATE OF OPERA			TION FOR WHICH	OPERATION			200 AUTOPSY? YES [] OF	IN CERTII	S, WERE FINDI	NGS USED
NG PHYSICIAN: The law requirentending physician. After this certificate has been signs the burial-transit permit. Then though mental Hygiene prior to backed or them 18 shows any injury orked or them 18 shows any injury	MEDICAL CERTIFICATION	218. ACCIDENT WAS UNIT OR CONTRIBUTING 1 ((IF EITHER NOTHY MED) 214 INJURY OCCULRIT WHILE NOT WAT NOT	DERLYING CAUSE OF DEA	196 CONDI 14 HOUR A./ 21e PLACE C (AT HOME STR	FINJURY M. MONTH D M. DFINJURY EET, FACTORY, OFFICE	PAY YEAR	216 HOW IN J	IURY OCCURR	YES TO THE NATURE OF	IN CERTIII YE INJURY IN ITEM 18 (YING CAUSES	NGS USED OF DEATH?
O HOSPITAL OR ATTENDING PHYSICIAN: The law require toined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been significantly be detached for use as the bund-transit permit. Then the Stute Dept of Health and Mental Hygiene prior to be the State Dept of Health and Mental Hygiene prior to be TORTA. It is marked at Item 18 shows any injury.	CERTIFICAT	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IFETTHER NOTIFY MEDI 21d. INJURY OCCUR!	DERLYING CAUSE OF DEA	21b. TIME OI HOUR A./ P./ 21e PLACE ((AT HOME STR	FINJURY M. MONTH D M. DFINJURY EET, FACTORY, OFFICE	PAY YEAR 19 FARM, ETC.)	211 LOCATIO STREET	N 19 8 5	YES TO THE NATURE OF	IN CERTII YE IN INTERNIS (PART I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE

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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
- STATE REGISTRAR	CERTIFICATE OF DEATH

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PARTMENT OF HEALTH AND MENTAL HYGIENE		Ċ	0	-	/	1
CERTIFICATE OF DEATH	REG	G. NO. of	X	0	6	6

83158		FOR STATE REGISTRAR			STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO. O	28560
e 65		CEASED NAME FIR		MIDDLE	LAST	2a. DATE OF DEATH MONT	1. 4
0 0 0 0		Mrs.		kingham		October 6	
te d.p	3. SE)		4 RACE		5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS M
e co		emale_	Caucas		October 6 1900		YRS
10 2 D 10		OUNTRY)	Th CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR CO	UNTY OF DEATH
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11 6/0	N	estminster	(IF NOT IN SUC Westmi	nster Nursi	ng Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Homemaker	12b. KIND OF BUSINESS INDUSTRY
1	13a. S	113	OUNTY altimore	13c. CITY OR TOW		13e.STREET ADDRESS / ZIP 6101 Stuart Av	
183	1	THER'S NAME FIRST CORGE Kirshenho	MIDDLE	LAST	15. MOTHER'S MAIDEN NA FIRST Nona Sincla	WIDDLE	LAST
Des of			VES. GIVE WAR OR DATEST	166 SOCIAL SECL	PRITY NO. 17 INFUPSAN Patric	la Kohne ADDRESS	21048
Pool .		6	res, one tran on bares)	212-74-	9031 3331 Old Gar	mber Rd. Fink	csburg Marylar
een signed by the o	CERTIFICATION	underlying cause lo	DUE TO, O ich CANT CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM		IN GIVEN IN PART
hos b perm	IFIC.	THE DATE OF GLERATION	1118 COND	MONTOK WATER	OF ERATION WAS PERFORMED	YES O NOO	CERTIFYING CAUSES OF DEATH?
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s certific ourial-tri Mental I		OR CONTRIBUTING CAUSE	O DEATH	M. MONTH DA	AY YEAR		
A Mer	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	211 LOCATION	CITY OR FOWN	COUNTY STATE
otten s the s the n and	×	WHILE NOT WHILE ([AT HOME STE	REET, FACTORY OFFICE F	ARM ETC) STREET	CIIYOKIOWN	STATE
or Aff		22a. I certify that (I) (this	NEP attended th	deceased from	011 1996	10/10	2 , 19 25 , that (y (we)
Spital ECTOR d for u t of H m 21 is		saw the deceased all	live on	ofter death (78	and that in (my) (a/i) apinion	death accurred on the date an	nd hour and from the conces stated
the history		226 SIGNATURE	044	wille	De MD ATTENDING PHYSICIAN	DIRECTOR D PHYSICIAN [10-6
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Robert K. Pritts, Sr., Westminster, MD JCT

STATE OF MARYLAND

(VR A 15 (4))

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DEPARTMENT OF HEALTH AND MENTAL MYGIENE - STATE 308025 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN YEAR 2h HOUR CHARLES OF ESTI-R FILES. HOURS STREET, DEATH MATED NERAL DIRECTOR. FOR YOUR FILES. VITHIN 72 HOURS PRESTON STREET, DEAVERS Jr 10 26 1985 WILLIAM 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS. 2d HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED 10:20 194 42 Male White DEAD 26 To BIRTHPLACE (STATE OF Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED DI NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore WIDOWED [DIVORCED Carroll County IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Mechanic 206 Schaefer Ave. Westminster USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Westminster Carrol NO□206 Schaeffer arvland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Charles Walters Deavers Kathleen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 205 Schaeffer Ave (YES, NO, OR UNKNOWN) JoAnn Deavers No Westminster Md. 21157 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DE ATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of head (handgun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF AS A BURIAL-ALTH AND ME CREMATION, lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION ARE: THIS.

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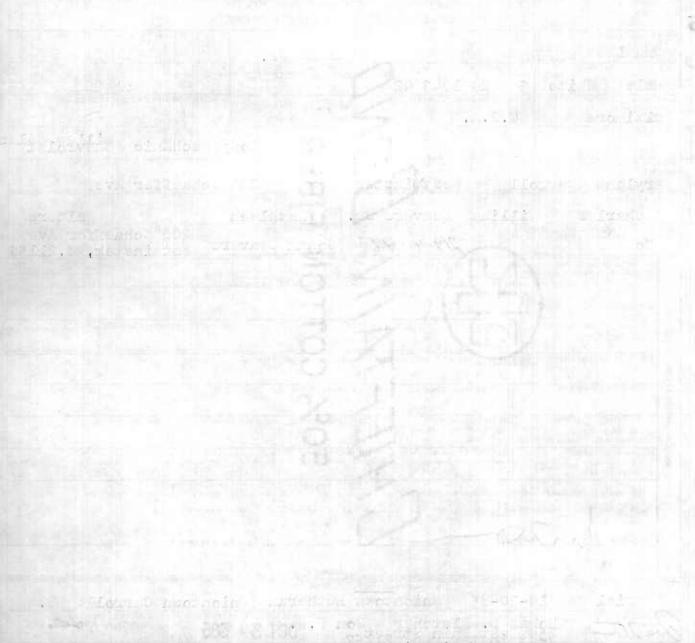
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TOR TO BE AREA IN TO BURIAL, C. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Head Only 216. TIME OF INJURY HOUR AND MONTH DAY YEAR 210. EXTERNAL CAUSE WAS 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART † OR PART 2) OR UNDERLYING MEDICAL Self-inflicted. 9:31P.M. 10-26- 1985 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK home 206 Schaefer Ave., Westminster, Carroll MD H, WITH THE S MARYLAND, 22a. I certify that I taak charge of the remains described above, held an and in my opinion PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAI Suicide X Accident Homicide _ Undetermined monner death resulted flom: Notural causes TITLE (SPECIFY) ACTUAL SIGNED_10-27-85 M.D. Assistant MEDICAL EXAMINER SIGNATURE, EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial 0-30-85 Uniontown Lutheran Uniontown Carroll Md. 07/B4 BP 25M 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21 FUNERAL DIRECTOR Son F DepresFletcher & **DHMH - 17** artin baudson 54+mast+main street57 (VR A15 ME (5))

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 83138 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH DECEASED NAME Elizabeth Anne NAC 4. RACE 3. SEX YEAR Rocky Mount CITIZEN OF BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED County. DIVORCED 12b. KIND OF BUSINESS OR 13d. INSIDE CITY LIMITS? 1707 Narietta Ave.-17603 Lancaster YES X 15 MOTHER'S MANDEN THE Rahn anta, Georgia -30327. Mayo Brodie-4588 Stella Dr.-N.W. No CAUSE OF DEATH (Enter only one cause per line far, (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which couse is), stating the DUE TO, OR AS A CONSEQUENCE OF underlying coust fast PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 140 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHEE 22a.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an_ 85 and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL unces PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 1URNES TRICK 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Cemetery- Baltimore, Maryland Burial 24 FUNERAL DIRECTOR Sterling Funeral Estate, P.A. DHMH-16 30M 2/80 (VRA 15, 4) 736 Edmondson Ave.; Catonsville, Md. 212280C7

88 1 6 25 AND THE STREET STREET 10/2/85 108 - +1/4 Steers County County, The state of the s LOW HORESTEEN THE LOWER FRE-12-3510 - FREEL LIBERT CHESTS - TERRETS industribute that towards the themselve House Alex Marchard Johnsto Stevens Marion A morning that more and Squaring my 2000 NADALAS LIBERT CHARLES - FREE WARRENCE - BUILDING JEF S THREE SECTIONS OF THE SECTION OF THE SECTION

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1 DECEASED NAME FRS1 MIDDLE LAST 20. 0

		REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO.				
		CEASED NAME OR PRINT)	FIRST DW	ARD	Joseph	DY.	501		20. DATE OF	DEATH MONTH	3.	85	26 HOL	18 M
	3. SE	Male		4 RACE White		S DATE O		1937	6 AGE INVI	48	MONTHS	DAYS 26	IF UNDER	MIN.
6		RTHPLACE (STATE OR FO	DREIGN		· A ·	MARRIE WIDOWE	D NEVER	MARRIED [oll Co.		EATH		MD.
0	W	estminste	r	Carrol		nera	OR OTHER INS			OCCUPATION FOR MOST OF WORKI MET		KIND OF DUSTRY	F BUSINE	ESS OR
5	13a S	aryland	136 COUR	roll	134. CITY OR TOW Hamps te	N _	13d INSIDE (NO []	1006	S. Maj	n St	. 2:	1074	+
0	14 FA	John	Ro	ger	Dyson			s maiden na/	ME	Mae	C	orui	n	
1	160 V	VAS DECEASED EVER YES NO OR HINKNOWN!		MED FORCES?	218-34-		Dway		Dyson	, Same	As #	13		
		PART I. DEATH W.	AS CAUSE	ily ane cause per D BY [E CAUSE (a)	line far rai, (b), and SEF	die D	c S	Hock				APPROXIP BETWEEN O	MATE INTER	15 .
		Conditions, if ony, which gave rise to immediate (b) PROTEUS EMPYEMA FEW DAYS.												
		and the stating the underlying cause last (c) LEFT LUNG PINEUMONIA												
	TION	PART 2 OTHER SIGN	SPI	RATOR	LY PAIL	UR	E An	D EN	DSTA	16E	C.C	D.F	· . I	١.
1	CERTIFICATION	190 DATE OF OPERAT	Service of the last of the las		ITION FOR WHICH	OPERATIO			200 AUTO	NO DIN CI	F YES, WER ERTIFYING YES []	CAUSES		TH?
4	_	210 ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DE	ALIP .	M. MONTH DA	AY YEAR	21c HOW IN	1JURY OCCURR	RED (ENTERNA	TURE OF INJURY IN ITE	A 18 PART I OF	PART 2)	B	
	MEDICAL	21d INJURY OCCURR WHILE NOT WHILE AT WORK AT WOR	LE M	21e PLACE	OF INJURY SEET FACTORY, OFFICE F	ARM, ETC)	211 LOCATI			CITY OR TOWN	C	DUNTY	S	STATE
		220 I certify that (1) saw the decease above, (1) (we) (d	d alive on	10.	19_	85.01	nd that in (my	(our) opinion	, to	d on the date and	hour and		that (I) (

27d PHYSICIAN'S NAME (Type OR PR. 1)

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D

DEGREE

noton HB. M

10.3.85

22c. DATE SIGNED

230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY)

234 NAME OF CEMENTAL PROCESS 234 LOCATION CITY OF TOWN

Baltimore, Md.

24 FUNERAL DIRECTOR

Charles W. Burrier, Jr., Sykesville, Md.

Cremation 10-5-1985

SIRAR 256. BEGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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	yente	fatteach	ingamen.ob (1	owner 2	nterimb (a)					
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in aromit)	Led .	account vil	THE - 100H	tion mit	niett)					
· Seas April	STATE OF THE PARTY		ifivesty,							

23a BURIAL, CREMATION, REMOVAL

[SPECIFY]

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

REG. NO 2a. DATE OF DEATH MONIH 26 HOUR 0 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH

CARROLL COUNTY 12a USUAL OCCUPATION

homemaker

126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY home

2201 Old Westminister Pike IS MOTHER'S MAIDEN NAME

MIDDLE Frieda 17 INFORMANT

NOX

Wolf ADDRESS 21102 Frederick Eikenberg 4655 Kridler SchoolHouse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1,00

neaul. 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO [

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

211 LOCATION

CITY OR TOWN

COUNTY STATE

and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

STREET

220-ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

231 NAME OF CEMETERY OR CREMATORY

ATTENDING

Meadowridge Mem. Park Elkridge Howard Maryland Burial 11/2/85 24 FUNERAL DIRECTOR

HUBBARD FUNERAL HOME, INC. 4107 Wilkens Avenue

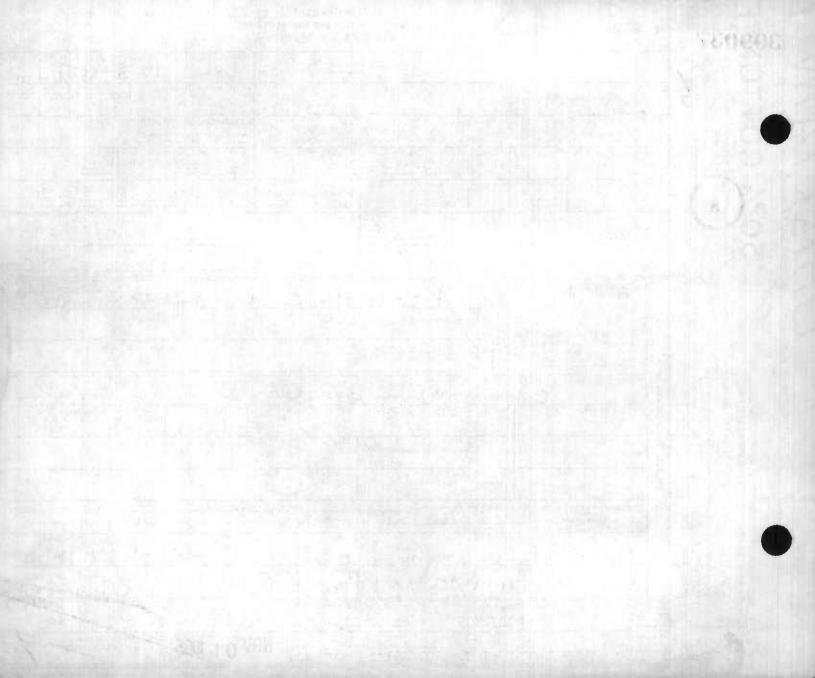
236 DATE

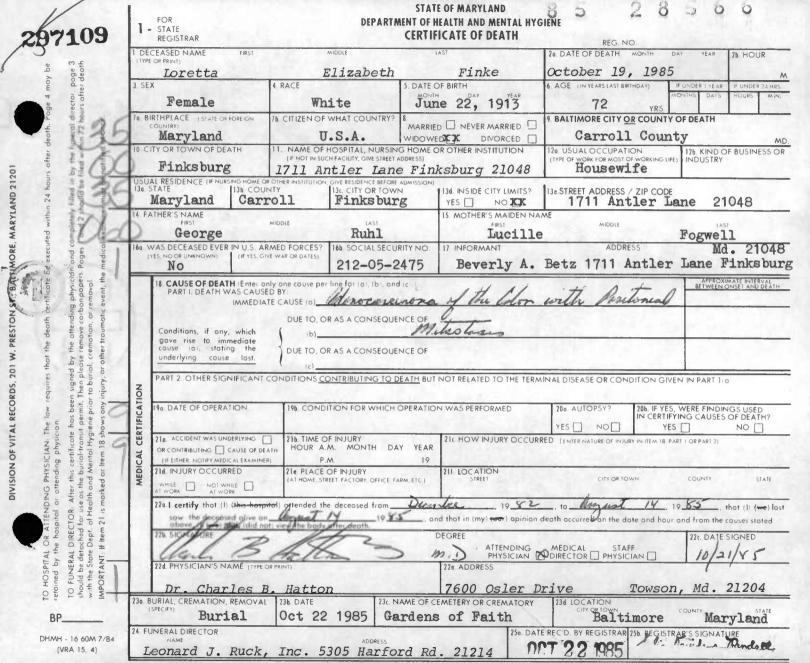
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MEDICAL

DHMH - 16 50M 1/BI (VRA 15, 4)

BP



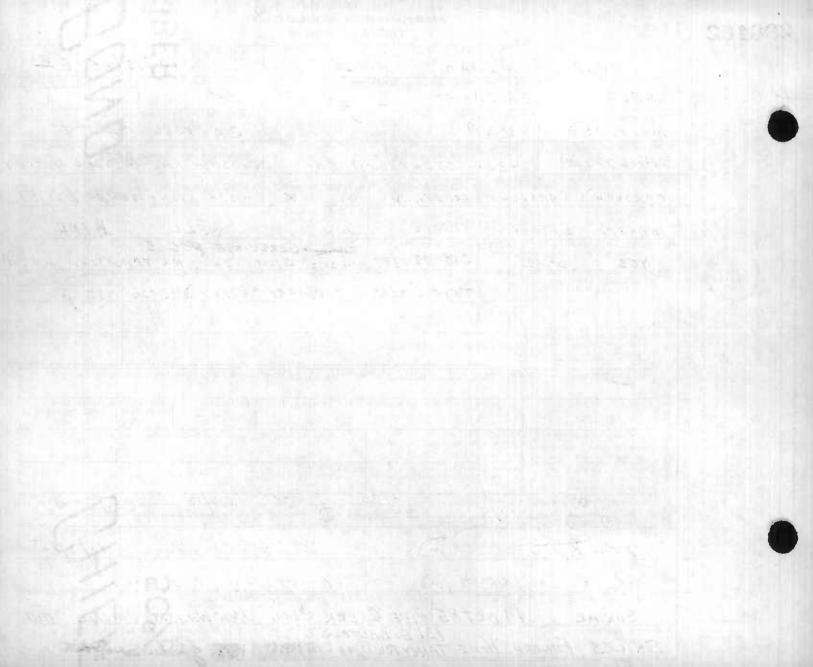


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011	1- STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.								0 /
1.1	DECEASED NAME TYPE OR PRINT)	Mary		Frankli	i i	Tetele	OF E	OWN MONTH	29,85
SUR FILL NO STRI	Male W	nite	Feb. 12	YEAR 6. AGE (IN LAST BIRT 70	YEARS IF UND HDAY) MONTHS YRS.		24 HRS. 2c. DATE PRONOUNCE DEAD	D /O	29.858
7×25/1/10	BIRTHPLACE (STATE OF FOREIGN COUNTRY) Maryland		76. CITIZEN OF WE	HAT COUNTRY?	To.	D NEVER MARR	IED 🔲	ECITY OR COUP	
	Mancheste:	r	11. NAME OF HOSI (IF NOT IN SUCH FACE 3600 Lir	PITAL, NURSING HO CILITY, GIVE STREET ADDRES	ME, OR OTHE		12a. USUAL OCCUPAT FOR MOST OF WORKING Truck Dri	ION (TYPE OF WORK	
US 13a	Maryland	136 COUNT	OTHER INSTITUTION, GIV	Manches	SSION)	36. INSIDE CITY LIMITS! YES . NO .	3600 Lineb	oro Road	
0	John		S.	Fletche	r	Mary	N NAME MODE	t	Enfield
1 144	NO NO. OF UNENOWN	R IN U.S. ARM		217-01-3		arol Turr		igh St. S	PA Stewartstown
NOTIFICATION ASSESSMENT OF THE PROPERTY OF THE			DNTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TO	ERMINAL DISEASE (DR CONDITION GIVEN IN PA	RT 1 (a)		4 38
NOTACIBITION	190 DATE OF OPE	RATION	196 CONDIT	ION FOR WHICH OP	ERATION WA	S PERFORMED?			20 AUTOPSY? YES NO [
		OR CAUSE OF DI	EATH P.M.	MONTH DAY YE	AR		D (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR P	
MEDICAL	WHILE NO	T WHILE WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)	ZIF LOC	ATION	CITY OR TOWN	C	OUNTY STAT
	22s I certify the death resulted for ACTUAL SIGNATURE		the remains described	111	Autopsy Suicide ,	Inspectio	n N Inquiry Undetermined manne	ond in my o	29 oct 8.
230	EXAMINER'S NAM (TYPE OR PRINT)	una	od Al	Solles.		DDRESS COM	oll Count	LBEN	evol layed
230			DATE	TOO NAME OF C	TEMETERY OR	CREALATORY	THE LOCATION OF		-
24	BURIAL, CREMATION (SPECIFY) Cremat: (FUNERAL DIRECTOR		1/2/85	23c NAME OF C		ematory	York REC'D. BY REGISTRAN	York	

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200400	1	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H	S S S S S S S S S S S S S S S S S S S	J 6 0
296162	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
may be . page 3		CHARLES	WILLIAM	FOGLE		3/85 6 - M
ar. Po	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		WUNDER TYEAR WUNDER 24 HRS
orso or		MALE	CAUCASIAN	2 23 20	65 YRS.	
7 2 ho		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
deot hin 7	-	TARYLAND	USA	WIDOWED DIVORCED [CARROLL	COUNTY, MD.
by the filed with		ANEXTOWN	(IF NOT IN SUCH FACILITY, GIVE STREE 4325 STUM	- 1 2 0 1	(TYPE OF WORK FOR MOST OF WORKING LIF CRUSHER FOREMA	126 KIND OF BUSINESS OR ENDUSTRY MSTONE GUARLY
ND 212 24 hours illed in wild be	13a	STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORM NTY 13c. CITY OR TON TROLL TROST	VN 13d INSIDE CITY LIMITS	130 STREET ADDRESS / ZIP CODE 4325 STUM PT	
Thin thin		ATHER'S NAME		15. MOTHER'S MAIDEN		
MARYLAND ed within 24 mpletely fille ond 2 should examine mu	1	MARTIN LUT	HER FOGLE	INA	BELL	BANA
		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT GE	NEVIEVE POELE	
BALTIMORE,		YES WU		1399 4325 57	TUMPTOWN, RITH	
BAL		18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), a ED BY:	nd (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TS and			TE CAUSE (O) TRIPLE	VESSEL CORDNAR	Y ARTERY DISEASE	12 yr.
TON or confirmation			DUE TO, OR AS A CONSEOU	JENCE OF		1
he death cert he ottending emove carb motion, ar r troumatic		Conditions, if any, which gove rise to immediate	(b)		· <u></u>	-
W. W. Bot the state of the stat		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF		
uires th	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIV	EN IN PART Iro
RECORDS, Ilaw requir os been sig bermit. Then re prior to b ws any injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20h. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
The The Coon. The horse horse horse sit pe grene grene shows	RTIF				YES NO YE	s 🗌 но 🗍
AN. Physical		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		PAY YEAR 216 HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2}
SICIA ng pl certif certif tental	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
DIVISION OF VITAL NG PHYSICIAN: The otherding physician differ this certificate has the burial-transit p th and Mental Hygier from 18 show	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OF TOWN	COUNTY STATE
DIN O O O O O O O O O O O O O O O O O O O	1		oital) attended the deceased from	8/30 19.70	10/13	19 8 5 , that (D (we) last
TENE TO OR.					on death accurred on the date and hou	. mor to (we) loss
OR AT DIRECT Sched f Dept		22b. SIGNATURE	ot) view the body after death.	DEGREE		22¢ DATE SIGNED
7 5 7 5 9 -	1	Won R4		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	10/13/85
HOSPITAL need by the FUNERAL old be detail the Store	1	224 PHYSICIAN'S NAME (TYPE		22e ADDRESS	A SWEETON B. THIS CO.	
0 - 0 - 0		Wm. R. L.	NTHICUM, MD	TANEY	TOWN, Md 21	787
0 6 5 8 8 8	23a.	BURIAL, CREMATION, REMOVA	7-2-	NAME OF CEMETERY OR CREMATOR	23d LOCATION CITY OR TOWN	COUNTY STATE
BP		BURIAL	110cT85 P	IPE CREEK CEM	NEW NINDSOR	CARROLL MD
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR		E. BALTO, ST. 150 1	DATE REC'D BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VRA 15, 4)	1	SKILES FUN	ERAL HOME TAN	EXTOWN, MD 2/1	Dill 1885 duly family	man of property



STATE OF MARYLAND

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Siles ST TO FEB - - 131 . James III and the Market

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR			CERTIF	ICATE OF DE	HTA		REG. NO.		
	DECEASED NAME FIRST		MIDDLE	L	AST		2a. DATE OF DI	EATH MONTH DAY	YEAR	2h HOUR
1	Mr. Robe	ert W.	Goe				Octo	ber 14 1985	. 0.1	6.35pm
3	SEX	4. RACE	125	S. DATE C		YEAR	6. AGE (IN YEAR	S (AST BIRTHDAY) IF UN		IF UNDER 24 HRS HOURS MIN.
M	ale	Caucasair	1	May 5		YEAR	55	YRS	DAIS	MUDRS MIN.
.7a	BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MA	nous D	9 BALTIMORE	CITY OR COUNTY OF	DEATH	
M	aryland	United St	cates	WIDOWE		RCED	Carroll (County		MD.
10	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN	IG HOME C			12a USUAL OC	CUPATION 1		BUSINESS OR
20	estminster	Carroll (Dunty General	ral Hos	spital		Governmen		NDUSTRY	
13	STATE 13b COL aryland Carrol	INTY	130 CITY OR TOW Sykesville	N	13d. INSIDE CIT	Y LIMITS?		DRESS / ZIP CODE	ive 2	21157
14	FATHER'S NAME	WIDDIE	BAST		15 MOTHER'S	MAIDEN NA		WIDDLE		
M	r. Robert S. Goe	WIDDIE	t A SI		Shara (Nichols		MIDDLE	IAST	
16	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 MHS RMNA	hcy Goe		ADDRESS	2	21157
n		INE WAR OR DATES	214-26-279	92	4786 Ar	lington	Drive	Sykesville		ryland
F	18 CAUSE OF DEATH (Enter of	anly one cause per	line far ia) (b) an	d (c)		Λ -	n	A 1	APPROXIM	NATE INTERVAL
Т	PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (0)	acuto	- hu	xo ca	dio	4 14	harchant	01711311110	THE PERIOD
	MMEDIA		R AS A CONSEQUE	NCE OF				V	4535	Desc
	Canditions, if any, which	(1b)_	R AS A CONSECUT	NCE OF					2	[-
	gave rise to immediate couse (a), stating the		R AS A CONSEQUE	NCE OF					20	dyp
	underlying cause last	(10)	R AS A CONSECUT	INCE OF						0
	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TON	DEATH BUT	NOT RELATED I	O THE TERM	IN AL DISEASE C	OR COMPITION GIVEN I	N PART I:o	1100
MOLTA CIBITORS	Severe hyp	oxic b.	rain d	eatt	1 . 1	ery P	h. Vas	· dispas	2,	HALLA
	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPS	20b. IF YES, WE		
7							YES N	YES _	CAUSES	NO [
18	218. ACCIDENT WAS UNDERLYING	216. TIME C	FINJURY M. MONTH DA	V VEAD	21c HOW INJU	JRY OCCURR	RED (ENTER NATUR	E OF INJURY IN ITEM IB PART I	OR PART 2)	
7 3	OR CONTRIBUTING CAUSE OF D	EM III	M. MORTH D	19	1845					
7 VOIGAN	21d INJURY OCCURRED	21e PLACE			211 LOCATION	1		HTY OR TOWN	COUNTY	STATE
13	WHILE NOT WHILE AT WORK	(ALHOME SI	REET, FACTORY, OFFICE, F	ARM EIC)	SIRCET					JINIE
	270.1 certify that (II (this has	pital) oftended th	e deceased from_			19	ta		, th	hot (I) (we) last
	saw the deceased alive a above, (1) (we) (did) (did r		atter death	, ar	nd that in (my) (c	ur) apinion o	death accurred o	in the date and haur and	fram the co	auses stated
Т	226 SIGNATURE			,	DEGREE				22c. DATE S	IGNED
		2010	alan	9	MAD AT	PSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	10	114/85
	224 PHYSICIAN'S NAME (TYPE		A		22e ADDRESS	. 1	0 . 0	0 1	10.1	.10
	D.S.KA	LARI	A		908	was	mugt	m Kd. u	rest	yhster
	BURIAL, CREMATION, REMOVA		23¢ N	NAME OF C	EMETERY OR CR	EMATORY	23d LOCATIO			a 21157
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(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

74 FUNERAL DIRECTOR LOTING Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	PERA H	1	0		ATE CAUSE (0)			ıple	Injuries					
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ac ac	YER ZAN		gave ris	se to immediat	le (b)_									
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	ATE, THIS GER ATE, WRITIN FORWARDED OR: PAGE 3 S HE STATE DEF		AT WORK	AT WORK	w	roadwa	У []	Rt.	26 & Suns	et Dr.,	Westr	arns ter	, carro)11, Ma.
	AH SER	1	22a I certif	fy that took chai	rge of the remains	escribed abo	ove, held an	utopsy	X, Inspection	n L, Inqu	iry .	and in my o	pinion	
		7	death result	ed from: Nati	ural causes	Accident	X Suicide	1	Homicide .	Undetermined	manner [],		
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Fline Funeral Home,

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DECEASED NAME							RI.	G. NO.				
LTVRE OR BRID. TI	FIRST	٨	MIDDLE	L	AST		2a DATE OF DEA	TH MONTH	DAY	YEAR	2b. HOL	JR
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CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUT	TION	120 USUAL OCC	UPATION	12	b. KIND C	F BUSIN	
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FATHER'S NAME					15 MOTHER'S MA		∧E		711			
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WAS DECEASED E	VER IN U.S. ARA		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	d		ADDRESS		LOYL		
LYES NO OR UNKNOWN	(IF YES GIVE	WAR OR DATES)	215-36-	8207	Mrs.	Este	m Hala	Han	0 70 00	Ma		
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PART I. DE AT	H WAS CAUSED	BY:	Dom!	101	MA	070	015		-	BETWEEN	B A	DEATH
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GOVER TISE TO COUSE IO), SUNDERLY IO), SUNDE	immediate dating the last last last last last last last last	21b. TIME OIL HOUR A.A. PA.A. 21e. PLACE C IAT HOME. STRI DIA attended the view the bady of PRINT	TION FOR WHICH OF THE PROPERTY	OPERATION Y YEAR 19 ARM. ETC.) APA ARM. ETC.)	211 LOCATION SIREET 211 LOCATION SIREET ATTER PHY 222 ADDRESS 700 A EMETERY OR CREA	y OCCURRI	20a AUTOPSY YES NO ED (ENTERNATURE OF CITY CITY MEDICAL PIRECTOR P 23d. LOCATION CITY OR TO	2 20b. IN CI	FYES, WE ERTIFYING YES 1	OUNTY OUNTY OUNTY OUNTY OUNTY	that (I) (Causes str	STATE we) los ofted
GOVE FISE TO COUSE IOI, S UNDERLYING CO PART 2 OTHER STORM OR CONTRIBUTING LIFETHER NOTIFY 21d. INJURY OCCUMENT AT WORK AT WOR	ERATION GUNDERLYING CONTROL EXAMINER TURRED IT WHILE CONTROL WORK IT (I) (this hospite eased alive an e) (did) (did ease) EXAMELYING CONTROL TO AUSE OF DEAT WEDICAL EXAMINER) TO AUSE OF DEAT WEDICAL EXAMINER OF DEAT WED WED WEDICAL EXAMINER OF DEAT WED	21b. TIME OI HOUR A.A. P.A. 21e. PLACE (LAT HOME, STRII) attended the PRINT!	TION FOR WHICH OF THE PROPERTY	OPERATION Y YEAR 19 ARM. ETC.) APA ARM. ETC.)	211 LOCATION STREET 211 LOCATION STREET 211 LOCATION STREET 212 ATTEL 213 ATTEL 214 ADDRESS 700 A	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	20a AUTOPSY YES NO ED (ENTERNATURE OF CITY APPLICAL DIRECTOR P	20b. IN CI	FYES, WE ERTIFYING YES DANIE PART I CO	OUNTY OUNTY OUNTY OUNTY OUNTY OUNTY OUNTY OUNTY OUNTY	indication (I)	we) lo bated

Hampstead.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

/	1-	FOR STATE REGISTRAR	DI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	o. Q	.3	
1		CEASED NAME FIRST OR PRINT) /E. RES	A MARI	E H	A RRIGAN		10-31	85 1C	140A
2	F	EMALE	CAUCASION 76 CITIZEN OF WHAT COL	5. DATE O		9. BALTIMORE CITY O	YRS. MONTHS	DAYS HOURS	DER 24 HRS
5	(D D	USA	MARRIE	D DIVORCED	CARR	ac Co	UNTY	MD.
0	6	YKESVILLE 1	SHESVILLE	VE STREET ADDRESS)	P.CARE	12ª USUAL OCCUPATI (TYPE OF WORK FOR MOST O		. KIND OF BUSII DUSTRY	NESS OR
E	11a. S	MD. HOU	TY 13c. CITY C	OR TOWN	13d INSIDE CITY LIMITS? YES NO P	13e.STREET ADDRESS	ROCK /	MEARO	JDe
30	PA	MICHAEL	1/-	AST CIGAN	15 MOTHER'S MAIDEN NAM	NE MIDDLE		KELLY	
2			MED FORCES? 166 SOCIA	-05-1142	FRANK MCC	AULLY	9315 Rac	K MEAD	M DR.
	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A COI	Breast USEQUENCE OF	Cancer NOT RELATED TO THE TERM	Tasis Inal disease or coni	DITION GIVEN IN	PART IIo	
1	TIFICAT	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, WER IN CERTIFYING YES	E FINDINGS US CAUSES OF DEA NO	ATH?
9	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AI HOME. STREET, FACTORY,	TH DAY YEAR 19 OFFICE FARM ETC.)	216. HOW INJURY OCCURR 216 LOCATION STREET	RED (ENTER NATURE OF INJUS CITY OR TO		PART 2)	STATE
		220-1 certify that (I) (this hospits sow the deceased alive on above, II) real (did) (did) and 221 A DNATURE		19, or			ote and hour and f	, that (1) rom the couses:	stoted
1		JOSE L. CH	rapulle,		ATTENDING PHYSICIAN C	MEDICAL MAHYSIC		10-3	
	23a. B	URIAL, CREMATION, REMOVAL	11-4-85		emetery or crematory	23d LOCATION CIRCLES TOWN	more	iTY	WH.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

250 DATE REC'D. BY REGISTRAR 26 REGISTRAR'S SIGNATURE.

EXOCOL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEIC ATE OF DEATH

2	8	د	1	2

		REGISTRAR			CERTIII	CAIL OI DE	4111	REG.	NO.				
lan .		CEASED NAME FIRST		1ston	.,	berg		20 DATE OF DEATH	10-	1-8		26 HOL	UR 40 m
	3. SEX	Female	4 RACE White		5. DATE O	. 16, 1	893	6 AGE (IN YEARS LAST	YRS.		DAYS	IF UNDER	R 24 HRS MIN.
3		Connectiout	U.S.		WIDOWE		RCED		11 Cou	nty			MD
0		Westminster	Carr	OSPITAL, NURSIN FACILITY, GIVE STREET OLL Count	ty Ger			12a USUAL OCCUP. (TYPE OF WORK FOR MO: Housewif	TOF WORKING L			BUSIN	IESS OR
2	13a. S	Md. 6	arroll	Finksbu	N			2715 App				210	48
60) FA	John	Maltby	Gelston	ı	IS MOTHER'S M	51	Merwi	n Bene		LAST		
1		VAS DECEASED EVER IN U. (ES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES. GIVE WAR OR DATES)	078-36-5		David (2715 berg Fink	PApple sburg,	seed Md.	Rd. 210	48	
2	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES TO NOTE: YES TO NOT								ES, WERE F	INDIN	GS USE	TH?
9	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING COUTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX. 21d. INJURY OCCURRED WHITE AT WORK 22a.1 certify that This	OF DEATH MAINER) P.A 21e PLACE C (AT HOME STRE	A. MONTH DA A. DF INJURY LET, FACTOR OFFICE F. deceased from	19 ARM ETC)	211 LOCATION STREET	19	CITY OF	RIOWN	COUN	, t	ho1 (L	STATE We) lost
-	0	Obove Diwe (fid)	add not i view the body of	olter deoth.		DEGREE	ENDING	DIRECTOR PHY	TAFF			SIGNED	
		URTAL, CREMATION, REMO SPECIFY) Burial	Oot.4			METERY OR CRE		23d LOCATION CITYOR TOWN Kew Gard	lens, l	county	ork	114	STATE 15
4	24 FU	High Elle	1	ngs Mills	48.0		"OCI	REC' NY BEGISTR	AR 25h PEGIS	Davido	UTANE	RE	182

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After should be detoched for use os the with the State Dept. of Health or IMPORTANT: If them 21 is market

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

		Dec. 16, 1803		4212	Persia
	Carroll County			. 1.1	Jupiconanol
grow plant there	Mouseville	integrated.	Tribos ite	110	retuineter
BAO CE I	.NR hastalark EPS		-udmini*	Lienn	in. Le
	Joseph Denedict	Zames	Bellinbow 075-36-313	Mel Sty	amus

Cot. 1, 1985 Marth Grove Mat. Park Mew Sardens, Max York 11415 As Edday of rather Mills, No. 21217

A Car friendly wangling in

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

302002	1.	FOR STATE REGISTRAR		STATE OF MARY DEPARTMENT OF HEALTH AN CERTIFICATE OI	MENTAL HYGIENE	5 2 REG. NO.	8 5	76
2 75 4		CEASED NAME	MIDDLE MIDDLE	LAST	2a DATE (DE DEATH MONTH	DAY YEAR	26. HOUR
4 mor	1:5E	nale	4 RACE	S. DATE OF BIRTH		YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN,
4 Policy 201	7a. B	STHPLACE LITTLE OF FORE	76 CITIZEN OF WHAT	COUNTRY? 8 MARRIED NEVE	R MARRIED 9 BALTIM	ORE CITY OR COUNT	Y OF DEATH	
1 11 20	100	TO TOWN OF DEATH		AL, NURSING HOME OR OTHER IN		L OCCUPATION ORK FOR MOST OF WORKING L		BUSINESSOR
1115	1030	AL RESIDENCE OF SOM	OME OR OTHER INSTITUTION GIVE RES		lage Du	sauver		1110
LICK	2/1	Dryland Y	DATIMITE OU	UINGS MIL TYES [NO 1/18/	ADDRESS / ZIP COD	town	Kd
11) (12	1	WAS DECEASED EVER IN	WIDDLE	Hipsley J	PODU	ADDRESS	Price	-
	100		WWII 21	13.05-9143 L	152 MCHaro	ue lus	Stminst	196 14
physical manager of the property of the proper	18	PART I. DEATH WAS	Enter anly ane cause per line for CAUSED BY: MEDIATE CAUSE (a)		= the Lun	9	APPROXIM BETWEEN OF	NSET AND DEATH
tenth car tenth	16	Conditions, if any, w	DUE TO, OR AS A	CONSEQUENCE OF		J		TI.
of the day	15	gave rise to immed cause Io1, stating	iate	CONSEQUENCE OF				
hand by hand b	NOI			UTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEA		VEN IN PART 11a	
or the re-	FICATIO	Conc. 6		OR WHICH OPERATION WAS PER	FORMED 200 AU	TOPSY? 206. IF YE	S, WERE FINDING	OF DEATH?
Harris II	AL CERT	21a ACCIDENT WAS UNDERLOR CONTRIBUTING CAU		RY ONTH DAY YEAR 21c. HOW	INJURY OCCURRED (ENTER		PART 1 OR PART 2)	NO 🗌
PHEESIC ending this cent of Ments	MEDICA	(IF EITHER NOTIFY MEDICAL)	21e PLACE OF INJU	URY 211 LOCA STR		CITY OR TOWN	COUNTY	STATE
OPNG or oth se on th market	-	22s certify that (b) (th	is haspital) attended the ideced	used from	84	NOW	10 #	hat (I) (see last

saw the deceased alive an 10/22/85 obove, (1) (=) (did not) view the bady after death. opinian death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

23a BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL 10/24/85

230 NAME OF CEMETERY OR CREMATORY DRUID RIDGE

22e ADDRESS

23d LOCATION COUNTY STATE

24 FUNERAL DIRECTOR

MD. IKESVILLE 25a DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

ORTANT, If hem 21

O FUNERAL DIRECTO

rould be detach ith the State De

ELINE FUNERAL HOME REISTERSTOWN , MD.

300008

Concernment the being

The second of the second 1.11 CARLOTE M. P. C. T. M. Com Baile Milanon

Combination of desires with the

BURIAL 10/24/85 DRUID RIDGE PIKESVILLE

. gly

ELINE FUNERAL HOME KEISTERSTOWN , MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ITEM NUMBER 11. PER. IH. CALL

FOR 10-24-85 D.W.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2h HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

22c DATE SIGNED

DAYS

19.15.15 The second of th

STATE OF MARYLAND 288037 Film G609 item 6 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 11/25/85 ria CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LAST 20 DATE OF DEATH MONTH 26 HOUR TYPE OF PRINTI Ella Johnson 0 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE LINYEARS LAST BIRTHDAY YEAR 10 15 Female Black To BIRTHPLACE ISTATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maruland Carroll County WIDOWED XT DIVORCED [120 USUAL OCCUPATION IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IE NOT IN SUCH EACHITY GIVE STREET ADDRESS) [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY Carroll County Carroll County General 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Carroll 3303 Ripples Rd 21207 NO TX 15 MOTHER'S MAIDEN NAME FATHER'S NAME LAST Marion Smoot Lizzie Hawkins 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) I IF YES, GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF eretic Cardiovascular distance Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 216. TIME OF INJURY 7 In ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 2 In PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 220 | certify that (1) (this hospital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF ld be deto the State I AM PHYSICIAN DEIRECTOR PHYSICIAN 22e ADDRESS wermin 60 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL

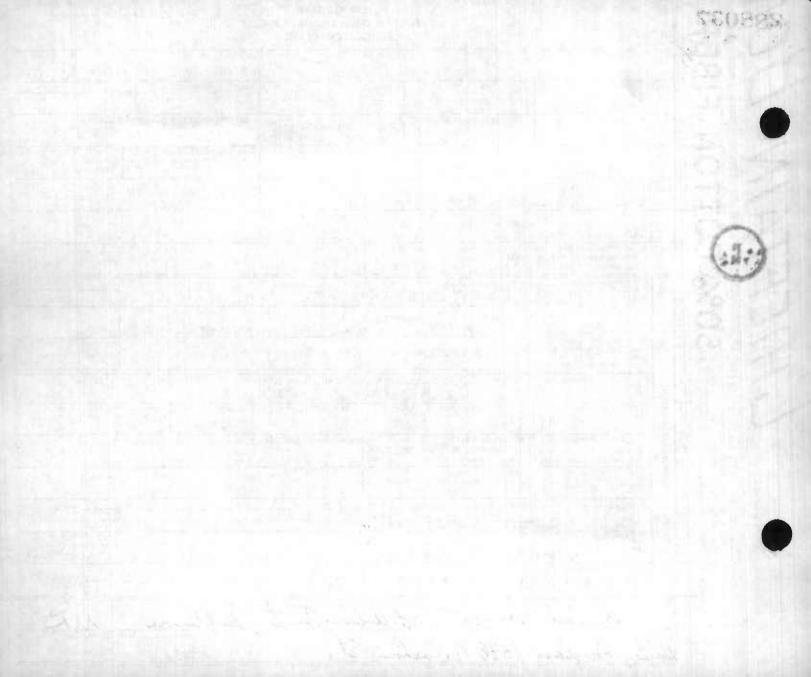
DHMH - 16 60M 7/84 (VRA 15, 4)

RP

24 FUNERAL DIRECTOR

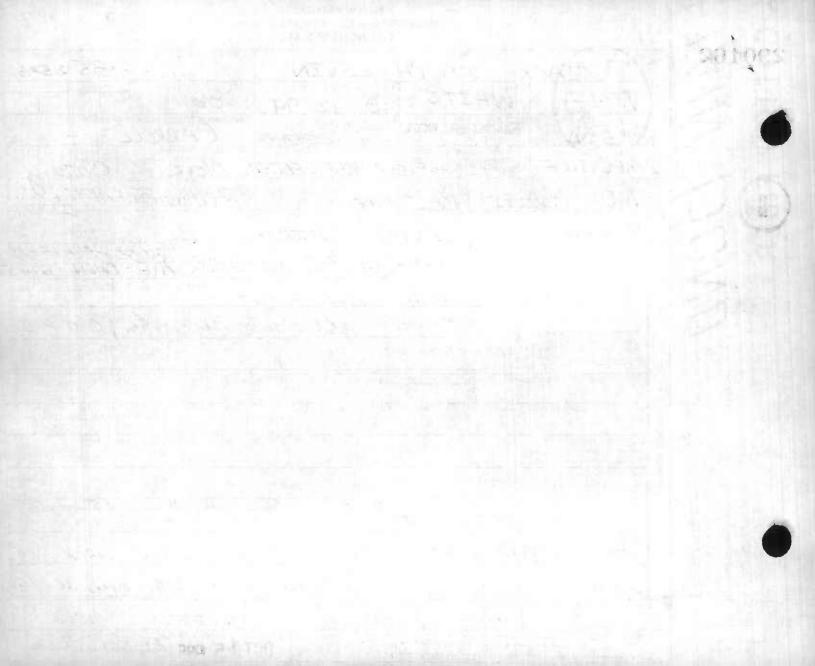
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

TATE



291030	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF HEAL	MARYLAND TH AND MENTAL HYG TE OF DEATH	REG. NO.	85/	7
e m£		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	0	28 DATE OF DEATH MONTH		HOUR
d 60 0 0		Hatti	e H.	Ven	1	6 AGE (IN YEARS LAST BIRTHDAY)	- LI- 85 2	INDER 24 HPS
ge 4 mc ector, p	3. SEX	7.	Cauc.	5. DATE OF BI	- 12 - 93	RAGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HO	DURS MIN.
erol dir	7a B1	COUNTRY MARYLAND	CITIZEN OF WHAT COUN	MARRIED WIDOWED	NEVER MARRIED Z DIVORCED	9. BALTIMORE CITY OR COURT	NTY OF DEATH	MD
ofter de vithire ed within	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NU	URSING HOME OR O	,,	128. USUAL OCCUPATION	G LIFE) 12b. KIND OF BU	JSINESS OR
on by	USU	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION	House	nousewite		
filled hould b	130 5	TAIE 136 COUNT	Y 134CITY OR	ested YE	s 💆 NO 🗌	13e STREET ADDRESS / ZIP CO	DDE 57.	2.074
mplere)	14. FA	THER'S NAME FIRST M	IDDLE LAS	13.	MOTHER'S MAIDEN NAM	MIDDLE	(Te	iman
execution on the control of the cont		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE		SECURITY NO. 17	INFORMANT K.	Squentem	1628 N.	Mariost . 31074
so ther froumpic even		PART 1. DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFIGANT CO	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEQUENCE OF	J	est	GIVEN IN PART 1 O	
require en sign or to bu	TION	Old	age with	Senile I	ementia		21/13	and the
The low riction. It has been asit permit. Glene prior	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION W	'AS PERFORMED		YES, WERE FINDINGS RTIFYING CAUSES OF YES	
PHYSICIAN: T ending physici this certificate te buriol-tronsi nd Mentol Hygi d or item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT. (# EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	H DAY YEAR	C HOW INJURY OCCURR	ED (ENTER NATURE OF HYJURY IN ITEM	18 PART I OR PART 2)	
NG PHYSICIAN: The rottending physicion wher this certificate has as the buriol-transit proceed or them 18 shall be shall	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	211	LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTEND ospitol ospitol of ECTOR: A differ use in 21 is m		27a.1 certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did et) 27b. SIGNATURE	OCE. II			to OCE . II		
TAL OR RAL DIRI		Khonow Cs		M.D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-11-	-85
TO HOSPITAL retained by the TO FUNERAL with the State MAPORTANT: I	V.	KHOSROW ES	SNA-ASHARI	22	1124 S. M	ain St. Hami	ostead, Md	. 21074
7 6 F 2 3 8	23a E	BURIAL, CREMATION, REMOVAL	23b. DATE		TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP		Burial	10-13-85	Hampstea	ad Cemete 1		Carroll	Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	24. FI	INERAL DIRECTOR Eline Funeral	Homo Hamns	ress Story Md	OCT	1 6 1985 Juli	GISTRAR'S SIGNATURE	shir.

	1	FOR - STATE	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5	28580
200000		REGISTRAR			REG. NO.	
290162		CEASED NAME FIRST	JOSEPH	LEVIN	20 DATE OF DEATH MONTH	8-85 2:52A M
e 4 may ctor, pa	3 SE	MALE	WHITE	5. DATE OF BIRTH MONTH DAY YEAR 1 7 99	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
The state of the s	7a B	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED	9 BALTIMORE CITY OR COUNTY	COUNTY MD.
of the state of	10 5	OKESVILLE	NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
0	USU 13a	AL RESIDENCE HE NURSING HOME OR OF	HER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION 13d. INSIDE CITY LIMITS?	6000 PARK HE	IGHTS AVE. APT 4B
1 20	4 F	ATHER'S NAME TO SEP H	DIE LAST	IS MOTHER'S MAIDEN N	AME MIDDLE	IINKNOWN
MORE.		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE WA		RITYNO. JORDONANT LEVI	N XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
T., BALTI		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED E	Can di		ANNAPOLIS,MD 2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death cer attending ave carbo ormatic er		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF ASCVD	E pace make	e (C.O.P.D.
I W. PR that the lby the case remial, crema		gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF		
RDS, 20 equires equires. In signed Then pile r to burio	NOI	PART 2 OTHER SIGNIFICANT COI	nditions <u>contributing to </u>	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
AL RECORDS The low requir Con. Thos been significant. Therefere prior to be Towns ony injury	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
OF VIT		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH JIF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	18, PART I OR PART 2)
DIVISION ING PHYS In offer this costs but the on the but the or the but orked or the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.] 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spital or iCTOR. Ald d for use of d for use of the other		220.1 certify that (1) (his haspital saw the deceased alive an above (1) (we) did (did not) v		2-13, 19-56 5, and that in (my) (aur) apinion	to 10 - 8 n depth occurred on the date and l	, 1925, that (I) lost nour and from the causes stated
AL OR the hor the hor like let to the ore Deported to the It. If here		me T. n	ativiled, Y	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
HOSI HOSI FUN Suld b		Loundes T.	WATIVIDAD, A	4.0 Simpheld	Hisp. Center.	Sykewill MD.
0 € 5 € ¥ ¥	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		BURIAL		LINGTON CEM	BALTIMORE	MARYLAND
DHMH - 16 50M 1/76 (VR A 15 (4))			EVINSON & ABROS.	, INC.	CT 1 5 1085 didie	STRAR'S SIGNATURE
	6	10 REISTERSTOWN	RD BALTO, MD 2	1215	01 - 0 14/1()	



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO 2n DATE OF DEATH MONTH 26 HOUR 10 -6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR MONTH 1921 63 Oct. BALTIMORE CITY OR COUNTY OF DEATH

Male White To BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY?

Harford

18 CAUSE OF DEATH (Enter only one couse per line for 101,

JOSEPH

COUNTRY Maryland USA

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Fallston

LAST

MARRIED NEVER MARRIED WIDOWED DIVORCED T

NO MY

15 MOTHER'S MAIDEN NAME

126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Car Salesman

Carroll County General Westminster USUAL RESIDENCE IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS?

Md. FATHER'S NAME Joseph

CITY OR TOWN OF DEATH

- STATE

TYPE OR PRINTS

REGISTRAR

LDECEASED NAME

MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES?

Sr. Lunz 166 SOCIAL SECURITY NO

Margaret 17 INFORMANT

ADDRESS

3208 A Ascot Lane 21047

Carroll County

13e.STREET ADDRESS / ZIP CODE

MIDDLE

Frank

(YES NO OR UNKNOWN) yes

44-46

217-14-5155

Marie Lunz 3208 A Ascot Lane 21047

Retired

IMMEDIATE CAUSE (0 Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse lost

PART I. DEATH WAS CAUSED BY:

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORME

20a AUTOP

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

19n DATE OF OPERATION

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21s. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

211 LOCATION

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

STATE

22a I certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ obove, (I) (we) (did) (did nat) view the body ofter death 226. SIGNATURE

CERTIFICATION

DEGREE

ATTENDING A

MEDICAL STAFF DIRECTOR __PHYSICIAN _

and that in (my (our) opinion death accurred on the date and hour and from the causes stated

NOF

CITY OF TOWN

22c. DATE SIGNED

724 PHYSICIAN'S NAME (TYPE OR PRINT)
D.S. KALARL 23a BURIAL, CREMATION, REMOVAL

Ruri 21 24 FUNERAL DIRECTOR

236. DATE

23c NAME OF CEMETERY OR CREMATORY

Sacred Heart of Jesus Dundalk

Balto. Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

Connelly Funeral Home 300 Mace Ave. 21221

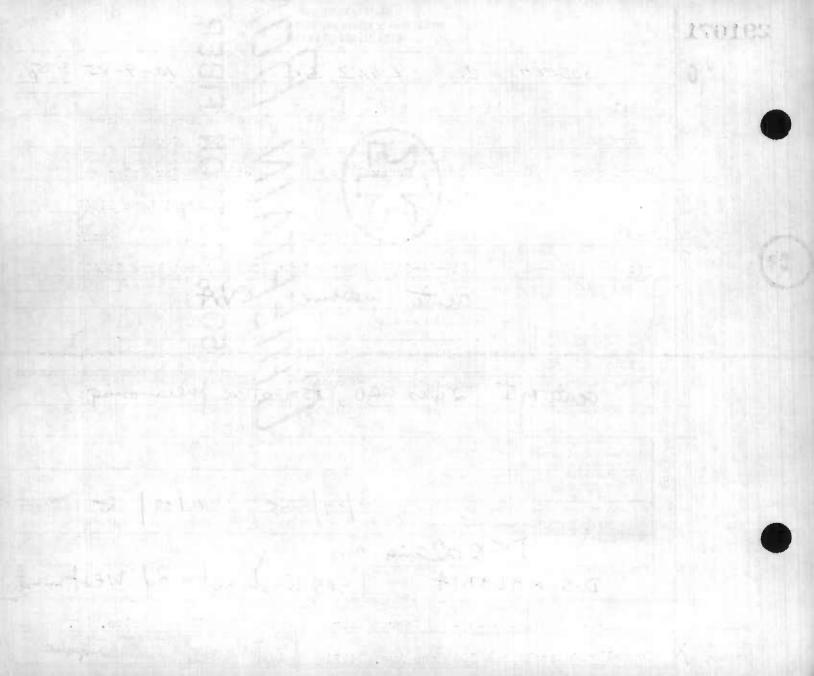
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ha Davidson-Randelle

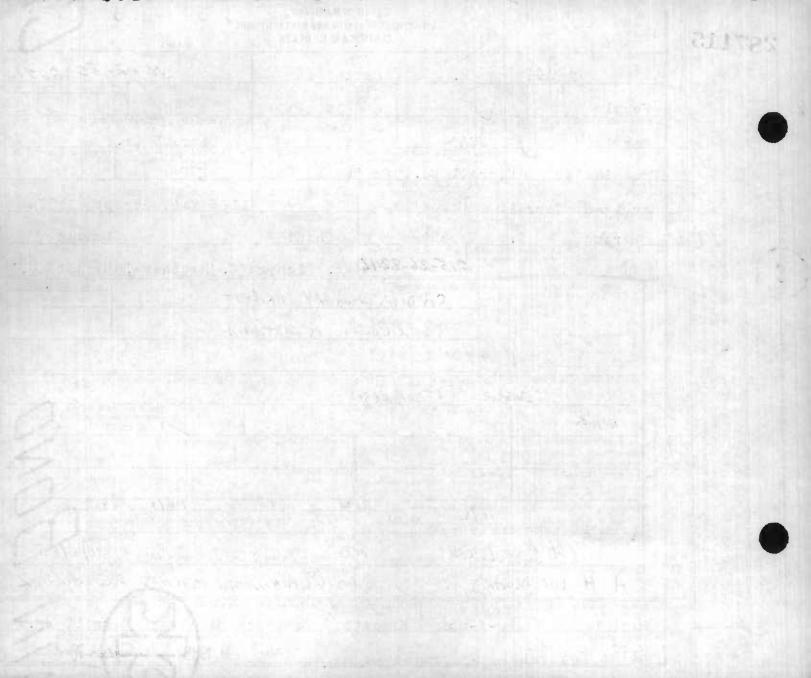
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STATE OF MARYLAND



COUNTY

Arlington

THE DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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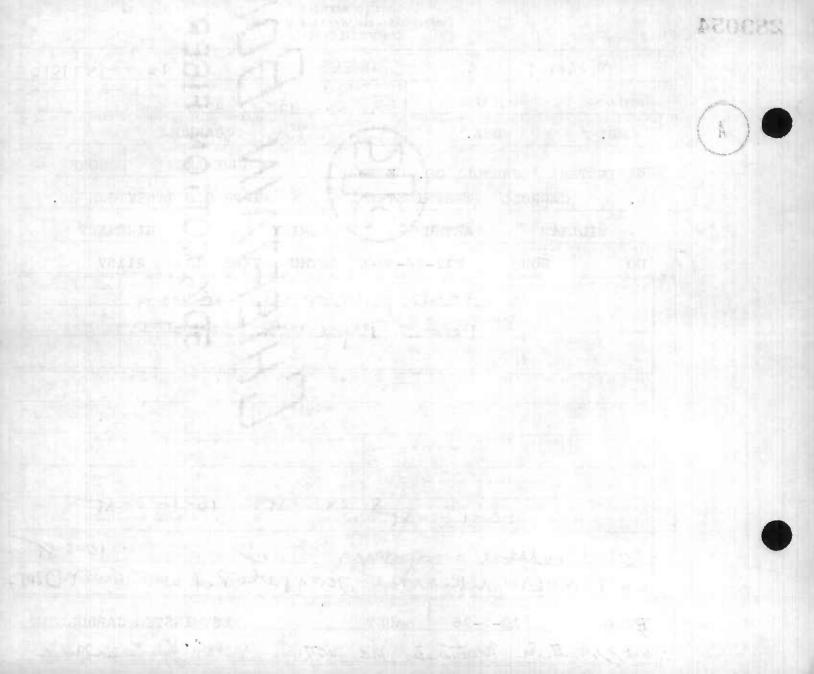
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10-28-85

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e e e	1. DE-	CEASED NAME OR PRINT! MARG	FIRST		A.	m	YERS	Lin	20. DATE OF DE	OM HTA	0- (-	VEAR S	26 HOUR
	3. SE	Female		4 RACE Whit	te	5. DATE OF	BIRTH DAY	Y623	6 AGE (IN YEARS	LAST BIRTHDA	MONTHS YRS	DATS	HOURS M
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by th filed th	W	TY OR TOWN OF DEAT ESTMINSTE	R	CARRO		GENEF		TUTION	HOMEM	WER C	ORKING LIFE) 12b.	HOMI	BUSINESS
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ompletel ond 2 s)	ATHER'S NAME FIRST WILL		MIDDLE	ARTHÜR			MILY		ADDRESS	RINEH	AR'T	
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quires that the de signed by the att hen please remark to burial, crematic ijury, ar ather trau	N	Conditions, if any, gove rise to immicouse 101, stoting underlying couse PART 2 OTHER SIGN	ediate the last.	(c)_	ONTRIBUTING TO		OT RELATED T	O THE TERM	INAL DISEASE O	RCONDITI	ION GIVEN IN I	PART 1/o	
n. as been as been permit. The prior	CERTIFICATION	190 DATE OF OPERATI	ION	19b COND	ITION FOR WHICH	OPERATION	WAS PERFOR	MED	200 AUTOPS	- 11	DE IF YES, WERE N CERTIFYING (YES [
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R ATTENDING haspital ar a RECTOR: After hed for use as pept of Health tem 21 is morth		220 certify that (h) (sow the decease obove, (h) (we) (di	this hospi	10-	-1 - 19_	- 3	that in (my) (c	, 19 Signion (, to death occurred o	the date		,)	
HOSPITAL O		CHITRA	ME ITYPE OF	DU 1	Kith	D'A		TENDING HYSICIAN G	MEDICAL DIRECTOR D		ev mi	10-	3-85 nD2
BP	230	BURIAL, CREMATION, R			230	NAME OF CE	METERY OR CR	REMATORY	236 LOCATION CHANGE TO WEST	OWN	TER CA	RRO	STAT
DHMH - 16 60M 7/84		UNERAL DIRECTOR	:#	2 21	ADDRESS	ma	215		REC'D. BY REG	1.0	REGISTRAR'S		

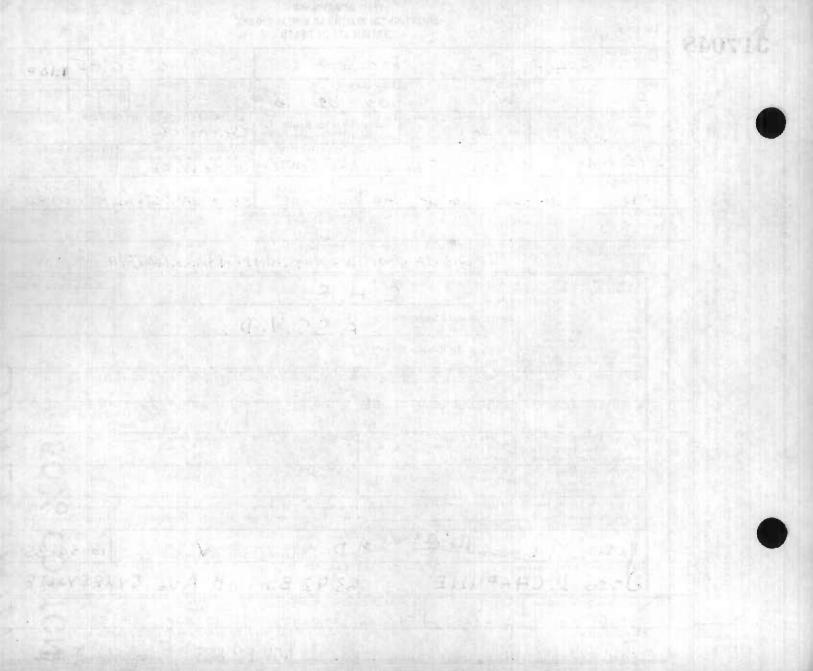


295117	FOR 1 - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 2	8 3 8 3
boge 3 deoth	1. DÉCEASED NAME VERONIC (TYPE OR PRINT) 3. SEX	a C. No Regina	ofsinger Is date of birth	20. DATE OF DEATH MONTH	B S 10 M M M M M M M M M M M M M M M M M M
oge 4 m rector. I	Female	Cau.	August 6, 1903	82 YRS	MONTHS DAYS HOURS MIN.
Poorti. P	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	" CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY Carroll	MD.
To the state of th	New Windsor	(IF NOT IN SUCH FACILITY, GIVE STREET 2144 BOWERSOX R	oad	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIF Homemaker	12b. KIND OF BUSINESS OR INDUSTRY Own Home
22 house and 22 ho	Maryland Wash	or other institution give residence before INTY 13c. CITY OR TOW Hagersto	WN YES X NO [13e.STREET ADDRESS / ZIP CODE 1724 York Road	21740
	14 FATHER'S NAME FIRST Michael 160 WAS DECEASED EVER IN U.S. A	Patrick Cosprove RMED FORCES? 166 SOCIAL SECU	IS. MOTHER'S MAIDEN NA FIRST Mary RITY NO. 17. INFORMANT	WIDDLE	Cuss
		166 SOCIAL SECU 		Asinger same as	13
RDS, 201 W. PRESTON ST., BA equires that the death certificate in signed by the attending physic Then please remove carban pape to burial, cremation, or removal, injury, or other traumatic event, the	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	INCE OF Heart Dise	winal Disease or condition Giv	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the law range in permit.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
DIVISION OF VITAL NG PHYSICIAN: The other this certificate h as the burial-transit p th and Mental Hygier orked or tem 18 shop	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM IB P	'ART I OR PART 2)
VG PHY offer this free this be the but h and M srked or	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
to RATTENDI the hospital or to DIRECTOR: A stoched for use e Dept of Heal		ortal) attended the deceased fram- n 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDING	death accurred on the date and have	19 that (f) (we) last i and from the causes stated
TO HOSPITAL TO FUNERAL should be det with the State	22d PH SIZIAN'S NAME (TYPE	S. HARSHEY	<u>' </u>	St. Westur	- tu md . 2418
BP	23a BURIAL, CREMATION, REMOVA (SPECIFY) Burial	The same of the sa	NAME OF CEMETERY OF CREMATORY	Westernport, A	eleg., Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Fredlock Funeral	ADDRESS	25a, DA	TE REC'D. BY REGISTRAR 25b. REGIST	

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(VRA 15, 4)

317048	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	rGIENE 5 2	8 3 8 /
ay be	1. DECEASED NAME FIRST (TYPE OR PRINT) GRACE		PEREGOY	20. DATE OF DEATH MONTH	30 85 110P M
Poge 4 model ator, p	3. SEX F 70. BIRTHPLACE (STATE OR FOREIGN	7b CITIZEN OF WHAT COUNT	5. DATE OF BIRTH MONTH DAY OB 96	6. AGE (IN YEARS LAST BIRTHDAY) 8 9 9 BALTIMORE CITY OR COL	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deeth.	Maryland 10 CITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NUI	MARRIED L NEVER MARRIED L WIDOWED TO DIVORCED TO RSING HOME OR OTHER INSTITUTION	CARROLL 120 USUAL OCCUPATION	MD.
in by the field of filed	SYKESVILLE USUAL RESIDENCE (IF NURSING HOME 130. STATE 1136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE B	ELDERCARE CENTE	R HOUSEWITE	INDUSTRY 21074
> = 0 N E	5.4.25	ROLL HAMPS		3508 HAMPST	FAD/MEXICO RD,
- 0		W. Rhot. ARMED FORCES? 166 SOCIAL S INVEWAR OR DATES) 213-28	ECURITY NO. 17 INFORMANT	ADDRESS NDERMARK (DA)	Holtzner u)S/AHampStead
ST., BALTIMORE strifficate be execuge physician and conpapers. Pages removal event, the medical	PART I. DEATH WAS CAU	only one couse per line for (a), (b)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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IL RECORDS, 2 The low require on. Those been signification by permit. Then premit is prior to bound owns only injury.	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
DIVISION OF VITAL NG PHYSICIAN: The ottending physicion ther this certificate has the buriol-transit phond mental Hygier th and mental Hygier phond certification and mental Hygier phond certification.	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION		DAY YEAR 19 211. LOCATION	RRED (ENTER NATURE OF INJURY IN ITE	M 18, PART I OR PART 2)
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AL OR ATTENDIN y the hospital or AL DIRECTOR. Af detached for use of ote Dept. of Health	sow the deceosed olive obove, (1) (we) (did) (did) 221 SIGNATURE	on not) view the body ofter death.	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the causes stated 22c. DATE SIGNED
TO HOSPITAL TO FUNERAL should be det with the Store	22 PHYSICIAN'S NAME (TYP	TILLAUTIE	63 42 Ba	rnett Ave.	SYKESYILLE
BP	230 BURIAL, CREMATION, REMOV (SPECIFY) Burial	236. DATE 11-2-85	Forest Cemetery	Upperco	Bal to Md.
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FUNERAL DIRECTOR NAME Fline Funera	ADDRESS	25e. D./	ATE REC'D. BY REGISTRAR 256. RE	



	FOR STATE	DEPART	STATE OF M MENT OF HEALTH	ARYLAND AND MENTAL HY	SPENE 5 2	8 3 6 9
20doco	REGISTRAR	MEDICAL	EXAMINER'S C	ERTIFICATE OF	DEATH REG. N	40.
/ h	L. DECEASED NAME (TYPE OR PRINT)	dele F.	7	las cier	20. DATE KNOWN OF ESTI- DEATH MATED	
NECESSARY, PEASE FUNERAL DIRECTOR. E. FOR YOUR FILES. E. WITHIN 72 PROVE WERESTON STREET	3. SEX 4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS IF UN LAST BIRTHDAY) MONTH		HRS. 2c. DATE	MONTH DAY YEAR 2d HO
NECESSARY, UNERAL DIR 5 FOR YOU! WITHIN 72	Female White 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	12/14/1891 76. CITIZEN OF WHAT COUN	94 YRS. TRY? B MARRII	ED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH
S C N N N N N N N N N N N N N N N N N N	Missouri	USA 11. NAME OF HOSPITAL, NUI	WIDOW		Carroll G USUAL OCCUPATION (T)	
生名品的人人		(IF NOT IN SUCH FACILITY, GIVE S	TREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
201 1626	Westminster USUAL RESIDENCE (IF IN NURSIN	ICarroll Count S HOME OR OTHER INSTITUTION, GIVE RESIDENCE COUNTY 13c. CITY	y General E		Postal Clerk	US_[Post Office
1			rna Park		e STREET ADDRESS 414 Ridge Rd.	21146
1001	FATHER'S NAME		LAST	15. MOTHER'S MAIDEN	NAME MIDDLE	LAST
84	Julius 160. WAS DECEASED EVER IN 1	Be	rg	Bernadin 17. INFORMANT		Dothage
Sign /	(YES, NO, OR UNKNOWN)	YES, GIVE WAR OR DATES)	-01-0032D		Atwood, ADDRES	TITINOIS OISTS
	NO 18 CAUSE OF DEATH (E	inter only one cause per line (a), (b)		Althur W. 1	Toeger Rt 1	APPROXIMATE INTERVAL
A PER	PART I DEATH WAS	CAUSED BY:	Oseleva	lec larde	Naseulan	LOCAL THEEN ONSET AND DEA
NO NE	Canditians, if any,	DUE TO, OR AS A CON	ISEQUENCE OF			
SR RE	gave rise to immo	nediate / (b)	SECULENCE OF			
N N	lying cause last.	(c)	SECOLITICE OF			
MATIO		IOITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1	(a.	
OF HEALTH	190. DATE OF OPERATION	N TIPL CONDITION FOR	WHICH OPERATION W	AS DEDECTRANED?		20 AUTOPSY?
1/A	IFIC.	The condition of the	WHICH OF EKAHON W	ASTERIORNED:		YES NO D
7	210. EXTERNAL CAUSE V UNDERLYING OR CONTRIBUTING CAL	HOUR A.M. MONTH	DAY YEAR	W INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 1	
	21d. INJURY OCCURRED	21e PLACE OF INJURY	(AT HOME, 21f. LOC	TATION	CITY OR TOWN	COUNTY STATE
212	AT WORK AT WOR	ILE ()				31811
ND,	22s. I certify that I too	k charge of the remains described abo	an Autops	y Inspection	Inquiry Q o	and in my apinian
RYLA ITH I	death resulted from	Notatal squien	Suicide	11 /	Undetermined manner	10
A V DOUG	ACTUAL	1- 110 ten	ee M	Deliny	MEDICAL EXAMINER	DATE 38 Oct 83
PAGE 4 SHOULD BE FORWARDED TO THE CATCHERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BATTIMORE, MARYLAND, 21201 PR 03 TO BU	EXAMINER'S NAM (TYPE OR PRINT)	aland & Sa	1100	Carroll	Columb 6	Jana Slavet
0 4 4 -	230. BURIAL, CREMATION, REM	DVAL 23b. DATE 23c. N	NAME OF CEMETERY OF	ADDRES 2	23d. LOCATION CITY OR JOWN	en or a marriage
	Cremation	10/29/85 N	estview Cre	matom	Catonsville	Balto. MD. STATE
1 - 17 ME (5))	NAME LOT	ing Byers, Funeral	Directors,	Inc 250. DATE REC	3 1 1985	SISTRAR'S SIGNATURE
80	8/28 Liberty	Rd. Randallstown	, MD 21133		- 1000	



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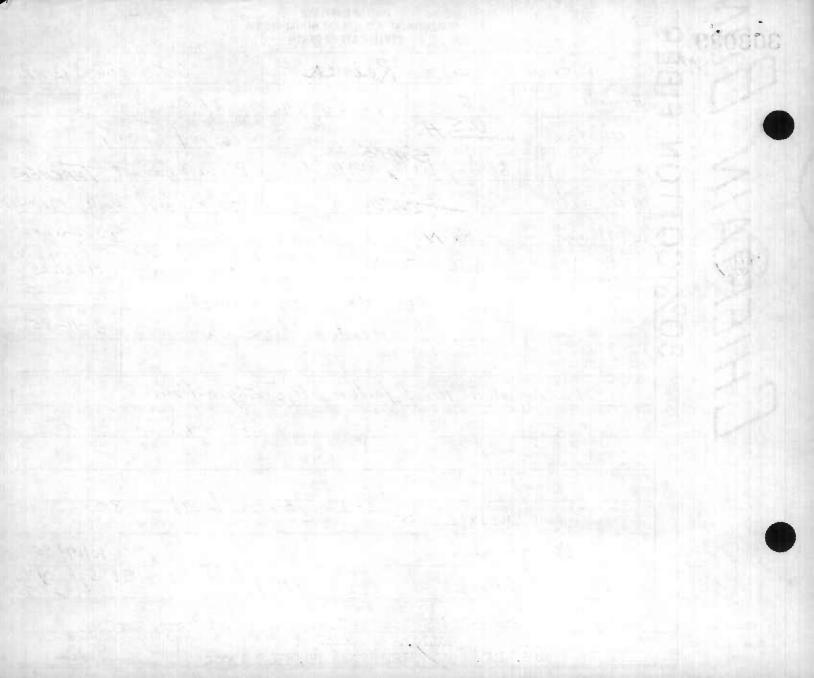
304153	FOR 1 - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	
moy be	1. DECEASED NAME (TYPE OR PRINT)	100.10	POWELL	20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR 830 M
oge 4 mc	3. SEX Female	White	5. DATE OF BIRTH 03 - 24 - 28	57 YRS	
deoth. P	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF	y MD.
201 urs after by the filed wit	Sykesville	7706 (arter Roa	d	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY Hospital
LAND 21 iin 24 hourshould be er houst b	USUAL RESIDENCE (IF NURSING HOVE OF 136 STATE		N 113d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE anter Road	21784
and the state of t	Dallas	Whipp	Ora	WIDDLE	Whipp
s. Pages	160 WAS DECEASED EVER IN U.S. A.	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 2132485	17 INFORMANT 106 Mr. David J.	Powell Sykesville	Road ND 21784
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ATTEND Spiral or CTOR: A for use n 21 is m	sow the deceased alive of above, (1) (we) (above, did no	ital) attended the deceased from		death accurred on the date and hour an	
PITAL OR By the hore ERAL DIRE e detoched State Deply ANT: If ther	22b. SIGNATURE	rpare	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	10.26.15
O HOSPITAL TO FUNERAL Should be det with the Store	22d. PHYSICIAN'S NAME (TYPE	PARA M		SHINGTON HB. V	VESTMINSTAL
BP	236 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		Tame of cemetery or crematory ake View (emetery	23d. LOCATION CITY OR TOWN Sykesville	arroll state
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR Harry W. Haigh	t Sykesville, M		te rec'd, by registrar 256, registrar UI 29 1985	SSIGNATURE

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296141		1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE S	2 8	á	y U
may be page 3	6	1. DE	CEASED NAME FIR	I RACE	<u>Clumbus</u>	Ra	AST PE BIRTH	20 DATE OF DEATH	10 13	YEAR 85	2b HOUR M IF UNDER 24 HRS
rector.			Male	Whi		3 MONTH	14 1914	71	YRS	S DAYS	HOURS MIN.
deoth. Po	5	We	RTHPLACE (STATE OR FOREKE COUNTRY) Stminster TY OR TOWN OF DEATH	U.S	OF WHAT COUNTRY?	WIDOWE	D NEVER MARRIED DIO DIO DIO DIO DIO DIO DIO DIO DIO DI	9 BALTIMORE CITY	Carrol	1	MD.
by the filled with			estminster	Carr	OLI CO . G	ADDRESS)	Hospital	OSUAL OCCUPATION OF TARMER		DUSTRY	BUSINESS OR
n 24 haur filled in		130 3	aryland Ca	OME OR OTHER INSTITU COUNTY Arroll	TION, GIVE RESIDENCE BEFOR 134 CITY OR TOW Westmir	'N		13. STREET ADDRESS 2026 Fri	/ ZIP CODE Zzellbu	arg F	21157 Rd.
the state of the s		2	THER'S NAME David	Columbi			15 MOTHER'S MAIDEN NAM	e E.		Jor	
	of the second		VAS DECEASED EVER IN U	.S. ARMED FORCE YES GIVE WAR OR DATE	166 SOCIAL SECU 51 215-36-	8120	Esther C.	Arringtor	1614 01 Westmir	ld Ta	neytow Md. R
g physic on paper removal.			18 CAUSE OF DEATH IER PART I. DEATH WAS C	nter anly one cause AUSED BY: EDIATE CAUSE (a	MAD	DI A	CARRES	T			NSET AND DEATH
ithat the death c d by the attendir lease remove carl ital, creamaten, or			Canditians, if any, whi gove rise to immedia couse (a), stating to underlying cause lo	ch (b)	O, OR AS A CONSEQU O, OR AS A CONSEQU	T	lyocardio	ol duja	retion		
law requires is been signe ermit. Then p		ICATION	PART 2. OTHER SIGNIFIC		S CONTRIBUTING TO		NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDING	GS USED OF DEATH?
CIAN: The physicial principle of the physicial p	4	CAL CERTIFICAT	210 ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	OF DEATH HOUR	AE OF INJURY A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCURR	YES NO	YES URY IN ITEM 18 PART 1 C	DR PART 2]	NO [
AG PHYSI attending fler this ce bs the buri h and Mer		MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		CE OF INJURY E STREET, FACTORY OFFICE, F	ARM, ETC)*	211 LOCATION STREET	CITY OR T	OWN C	OUNTY	STATE
ATTENDIP Sspital or CCTOR. A d for use of			220.1 certify that (1) (this saw the deceased al abave, (1) (we) (did) (d that in (my) (aur) apınıan o	eath accurred an the	date and have and	fram the c	nat (I) (we) last auses stated
SPITAL OR d by the ho NERAL DIRE be detached e State Depr			22b. SIGNATURE	dull	Nagar			MEDICAL STA	AFF	DATE S	14165
HO FUI			et it RAC	HED U	NAGA	NNA	700 A P	sole R	d. we	Moni	nites
BP		23a E	URIAL, CREMATION, REMI	10-	16-85 Nea	dow	emetery or crematory Branch	Westmir	ster Ca	rrol	1 Md.
DHMH - 16 60M 7.	/B4	24 50	NERAL DIRECTOR	Phomas 1	D. Fletch	er &	Son F. H. DATE	REC'D. BY REGISTRAL	25b. REGISTRAR'S	SIGNATU	RE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO.

		CEASED NAME	FIRST		MIDDLE	l	Dla a trave	20. DATE OF DEATH	MONTH DA	YEAR	2b. HOUR
	LANE	OR PRINT)			Elaine		Rhoten	00	t 19	85	8:10'
	3. SE	X.		4. RACE	A CONTRACTOR OF THE PARTY OF TH	5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
		female		whi	te	2 MONTH	21 20	65	YRS.	JA15	HOURS I MIN.
6		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9. BALTIMORE CITY C		OF DEATH	
4		Md		U	SA	WIDOW		Carrol			A
1	10. CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCCUPAT			F BUSINESS C
U	We	stminste	r	Car	roll Co.	Ger	n Hosp	(TITE OF WORK FOR MOST	J. 110kkino (112)	IIII	
6		AL RESIDENCE (IF NUR	136 COU		13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		,21048
1		Md	Ca	rroll	Finksbu	irg	YES NO XX	3006 010	d Gamb	er Ro	i 1040
1	14. FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAS	it
16/							Elizab			Barr	hart
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS		
		no	n/		214-24-	-5296	B Donald	Rhoten		13 e	
		18 CAUSE OF DEAT PART I. DEATH V	H (Enter or	nly one cause pe	r line for (a), (b), and	dic i	00			BETWEEN O	ONSET AND DEATH
		PARTI. DEATH		TE CAUSE (0)	w	ul	enstall	e con	ur	M	cont
				DUE TO, C	OR AS A CONSEQUE	NCE OF		0		100000	4.0
		Conditions, if ony		(b)_	Can	er	cy The	Lung		ma	my h
		couse (a), statu	ng the	DUE TO, C	OR AS A CONSEQUE	NCE OF	0	0			
	10	underlying couse	lost.	((c)_							
	7	PART 2. OTHER SIG	NIFICANT	CONDITIONS C	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	MIN AL DISEASE OR CON	DITION GIVE	N IN PART 1	٥٠
-	NOL								Test serves	\. (505.60.10	
6	ICAT	190 DATE OF OPERA	TION	196. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
1	CERTIFI							YES NO	YES		NO 🗆
1	Ö	210. ACCIDENT WAS UN	_	110110	OF INJURY M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT T OR PART 2)	
1	O.A.	(IF EITHER NOTIFY MED			P.M.	19					
1	MEDIC	21d. INJURY OCCUR			OF INJURY TREET, FACTORY, OFFICE, F.	ARM, ETC)	21f LOCATION STREET	CITY OR IC)WN	COUNTY	STATE
		AT WORK NOT WE	RK L			-	1,00	-	19	CI	
	- 10	228 certify that (1)			he deceased from	70-	- / 0 19 0 -				that (I) (we) la
		sow the deceas above, (I) (we) (ed alive or did) (did no	ot) view the bod	y ofter death.		nd that in (my) (our) opinion	death occurred on the d	ote and hour	and from the	causes stated
		22b. SIGNATURE					DEGREE ATTENDING	MEDICAL STA	cc	22c. DATE	SIGNED
-		297	ear)	m V	3 arz	ara	PHYSICIAN	DIRECTOR PHYSIC		10	14-0
1	1	22d PHT MEIAN'S N	AME (TYPE	OR PRINT)	0	0	22e ADDRESS			. ,	
		EPER	91M	BA	RZAG	A	NEW	WINds	0121	md.	2/77
		SURIAL CREMATION					EMETERY OR CREMATORY	23d LOCATION	1	COUNTY	STATE
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		JNERAL DIRECTOR	2-13-1	Mary and	412 W=	chin	aton nd 250 DA	TE REC'D. BY REGISTRAR	251 REGISTR.	AR'S SIGNAT	URE
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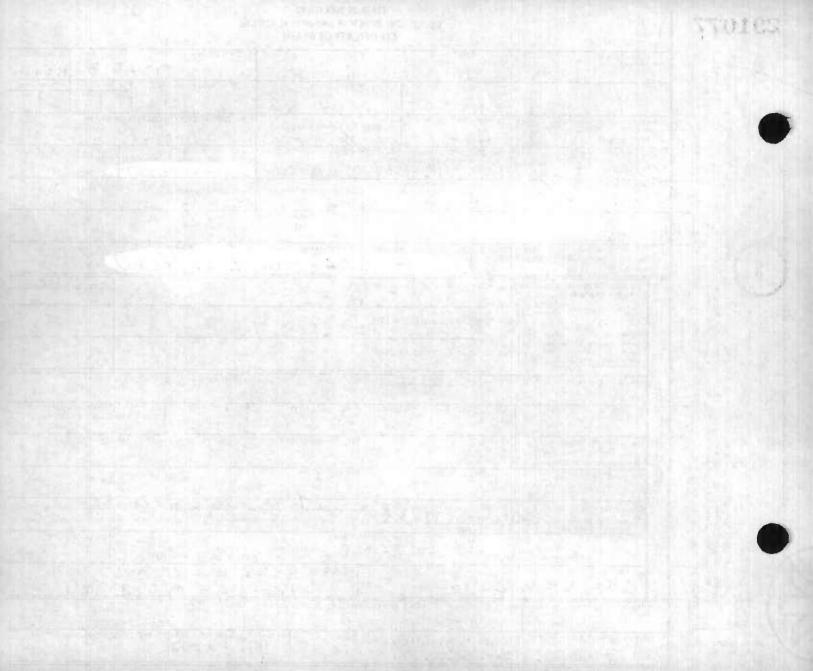
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DHMH - 16 50M 4/83 (VRA 15, 4)

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291077	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.						
	1. DECEASED NAME FIR	ST MIDDLE	LAST		MONTH DAY YEAR 26. HO	UR		
1 11 75	(TYPE OR PRINT)	AI.	201		0-20-05			
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- 5 90	Male	Dlack	11 14 10	0	YRS.			
2 42 676	a. BIRTHPLACE (STATE OR FOREIGH	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH			
1 15 27	Unknown	USA	WIDOWED DIVORCED					
1110	10) CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON PROPERTY OF BUSINESS OF BUS	555gg		
5 1 11 70	Bukesville	1 Sukesville	Blder Care	LABORER	& BRASS			
2 53 471	JSUAL-RESIDENCE (IF NURSING H	ONE OR OTHER INSTITUTION, GIVE RESIDENCE E	DEFORE ADMISSION) TOWN 13d INSIDE CITY LIMITS?	13. STREET ADDRESS	3807 Penhurst Av	е.		
日 日 日 見り	MI	Balto City Balt	O PITEL YES NO [Baltimore.	Maryland 21215			
2 1 12 3	14 FATHER'S NAME	4	15. MOTHER'S MAIDEN N	AME				
A 11/4//	Unknown	MIDDLE LAST	nown • Unknown	WIDDLE	Unknown -			
	160 WAS DECEASED EVER IN U		SECURITY NO. 17 INFORMANT	Angel	THE TOUR	2		
7 n 11 12	(YES, NO OR UNKNOWN) (IF	ES, GIVE WAR OR DATES)	Committee of the Control of the Cont	611 Pa	ark Ave. Apt. 50	2		
A 62 / 65 5	Yes	W II 1216-05	-1935 Mrs. Mae Nec	ward Baltin	nore, Md. 21201 APPROXIMATE INTE			
TON ST., B arth centrick containing phys containing and containing matic event	PART I. DEATH WAS C	DUE TO, OR AS A CONS	C. H. F.	^				
that the de thy the other emboration conferential								
DIVISION OF VITAL RECORDS, 22 ING PHYSIC AND The control of the character of the control of the control of the character	PART 2 OTHER SIGNIFIC		TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USI IN CERTIFYING CAUSES OF DEA			
4 45 55 57	TE L			YES NO	YES NO			
OF VIII.	. OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M. MONTH		RRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)			
IVISION Offendin Fer this of the bus of the dor I	(IF EITHER, NOTIFY MEDICAL EX. 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	CITY OR TOV	VN COUNTY	STATE		
3 0 0 0	220 I certify that (I) (this	haspital) attended the deceased fr	omseptember 1/19 8	2 1026 pleson		(we) last		
R ATTEN hospitol IRECTOR: bed for upept of He	saw the deceased a	ive an september 17 did not view the body after death	19 85, and that in (my) (aur) apinial	n death occurred on the d	ate and haur and from the causes s	tated		
OR ALL DIREC Direct Dept.	22b. SIGNATURE	ala nati view the bady after death	DEGREE		22c. DATE SIGNED			
0 4 0 40	(when	I (leafter	M.D. ATTENDING	MEDICAL STA	FF			
By by by Stort Ani	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)		12 Borne				
TO HOSPITAL of TO FUNCTION OF THE STORE IN T		Chapulle	63		P. 21784			
Show show			23c. NAME OF CEMETERY OR CREMATORY		P-ELISU			
	230 BURIAL, CREMATION, REM			CITY OR TOWN		TATE		
BP	Crematic	on 10/08/85	Security Process Inc	TE BEC'D. BY DECISION	Baltimore, Mc	1.		
DHMH - 16 50M 7/77 (VR A 15 (4))		ns Funeral Home		16 1985	256 REGISTRAR'S SIGNATURE TO	The state of the s		
(*N A 13 (4))	12501 Gwynns Fa	alls Pkwv. Balto.	Md. 21216		U			



al director, poge 3 Thours ofter death in 24 hours TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or them 18 spows any injury, or other traumotic event, them

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STATE OF MARYLAND

- STATE REGISTRAR		CERTII	ICATE OF D	EATH	REG. I	10.		
1. DECEASED NAME FIRST	MIDDLE	0	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
MALV	A.	KUP	INSKA			10	1 85	0024M
3. SEX	4 RACE	5. DATE (OF BIRTH	YEAR	6. AGE (IN YEARS LAST 8	RTHDAY)	IF UNDER TYEAR	R IF UNDER 24 HRS
FEMALE	CAUC.	01	22	05	80	YRS		HOURS MIN.
BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT CO	DUNTRY? 8.	D NEVER M		9. BALTIMORE CITY			
MARYLAND	USA	WIDOW		ORCED [CARROLL	CT.		MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTI	TUTION	17g USUAL OCCUPA	ION		OF BUSINESS OR
CARROLL CT.	CARROLL CT.	GENERAL H	OSPITAL		HOMEMAKER	OF WORKING	(IFE) INDUSTRY	
130. STATE 136. COL		ENCE BEFORE ADMISSION) OR TOWN	13d. INSIDE CIT	TY LIMITS?	13e STREET ADDRESS	/ ZIP COI	DE	
MARYLAND	BAL	TIMORE	A-	NO 🗌	830 MILTO		21224	
FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S	MAIDEN NAM	ME		14	AST
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LOG WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOC	TAL SECURITY NO.	17 INFORMAN	1T	ADDI	ESS		
NO	THE WAR OR DATES!		JOSEPH	RUPINS	KI 7004 AR	ION A	VE. 212	234
18 CAUSE OF DEATH (Enter of	only one couse per line for (a), (b), and (c)						XIMATE INTERVAL
PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a)	Lobat	Drue	٥			21	mos.
		ONE DE LE OF			37			
Canditians, if any, which	DUE TO, OR AS A C	ONSEGUENCE OF					3 5 4 3	
gave rise to immediate cause (a), stating the	1b)							
underlying cause last.	DUE TO, OR AS A CO	ONSEQUENCE OF						
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BUT	NOT BELATED	TO THE TERM	INAL DISEASE OF COL	IDITION	IVENI INI DADT 1	10
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190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FO	R WHICH OPERATIO	NEM 17		20g AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED
FIG					YES TO NOTE	IN CERT	TIFYING CAUSE	S OF DEATH?
71a. ACCIDENT WAS UNDERLYING	7 216 TIME OF INJURY		121c HOW IN I	URY OCCURR	RED (ENTER NATURE OF IN)			ИО []
00.000.000.000.00	HOUR A.M. MO	NTH DAY YEAR		on, occom	(EMIER MATORE OF IM)	DRT IN TIEM TO	FART OR PART 2)	
OR CONTRIBUTING CAUSE OF DI	P.M. 21e, PLACE OF INJUR	19	21f LOCATIO	NI .				
WHILE NOT WHILE	(AT HOME STREET, FACTO		STREET	•	CITY OR T	NWC	COUNTY	STATE
AT WORK AT WORK			V. Charles			-	F +	
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	at) view the body after dea	19 8 o	nd that in <u>(my)</u> (aur) apınian d	death accurred an the a	late and he	aur and fram the	causes stated
226. SIGNYATURE	7/	-	DEGREE				22c DAV	SIGNED
Truelly	freser	- Ch W		TENDING HYSICIAN	MEDICAL STA		141	185
224. PHYSICIAN'S NAME TYPE	OR PR	7,	22e ADDRESS					
230. BURIAL, CREMATION, REMOVA	L 23b. DATE	23¢. NAME OF C	EMETERY OR CI	REMATORY	23d. LOCATION			
BURIAL	10/04/85	ST. STAN	ZIIA IZTI		BALTIMO	OF.	MD.	STATE
24 FUNERAL DIRECTOR				25a. DATE	REC'D. BY REGISTRA			Lighting
KACŽÓROWSKI FUNI	EDAL HOME 25	ADDRESS CET CT	100	00	GT 3 1988	guna	Paristration.	-

DHMH - 16 60M 7/84 (VRA 15, 4)

KACZOROWSKI FUNERAL HOME 2525FLEET ST.

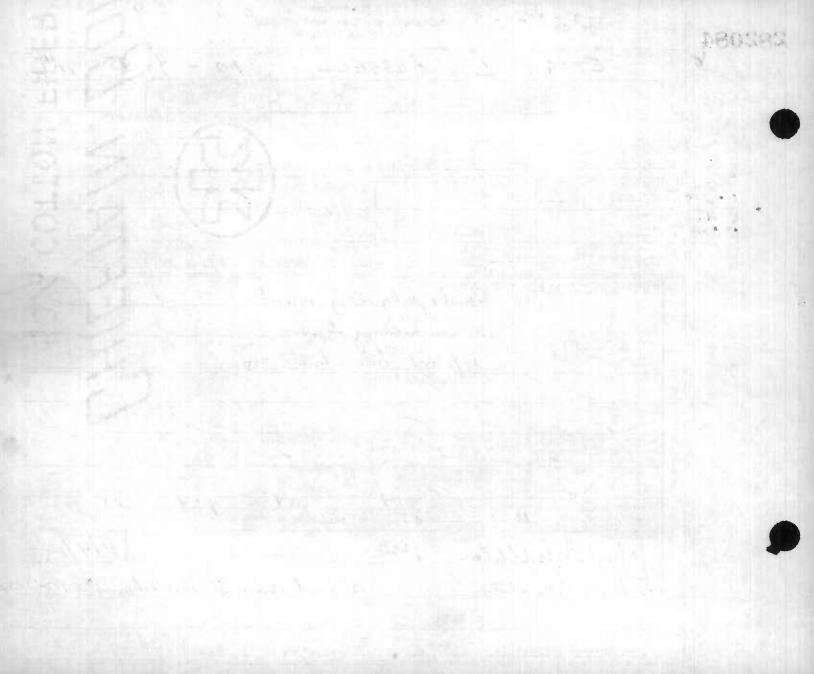
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Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

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DHMH - 16 60M 7/B4 (VRA 15, 4)



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DIVISION OF VITAL RECORDS, 201 W. PRESTON 61. ALIGNA	SPITAL OR ATTENDING PHYSICIAN. The low requires that the death ced right tale-enough by the haupitel or attending physician.	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 296126 REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MIDDLE MONTH 2b HOUR LIVPE OR PRINTS 85 Nellie Schnauble 10 Marie 1 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER | YEAR MONTH White 1921 Female BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Tavlorsville U.S.A. WIDOWEDLY DIVORCED Carroll NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WORK FOR MOST OF WORKING LIFE Westminster arroll Co. General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN \$13d INSIDE CITY LIMITS? N. Church Street 21157 Carroll Westminster Maryland YESXX NOF IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME Urich S. Warner Marie Nusbaum IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Stone Rd. (YES NO OR THE NOWN) HEYES GIVE WAR OR DATES) Westminster, Md. 21157 Barbara Miller 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 220 I certify the (1) (this hospital) oftended the deceased from OC LODE October saw the deceased alive and tober 16 obave (I) (we (idid) (did not) view the body ofter death our) apinian death occurred an the date and have and fram the causes stated 226 SIGNATURE DEGREE ATTENDING . MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

23¢ NAME OF CEMETERY OR CREMATORY

Eletcher & Son

Main Street

73d LOCATION

Westminster Cemetery Westminster Carroll

CITY OF TOWN

250 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 295180 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO REGISTRAR DATE KNOWN I. DECEASED NAME (TYPE OR PRINT) OF ESTI-CHARLES S. S FOR YOUR FILES. WITHIN 72 HOURS DATE OF BIRTH AGE IN YEARS IF UNDER IF UNDER 24 HRS 3. SEX 4 RACE DATE LAST BIRTHDAY PRONOUNCED 76 YRS 09 MALE WHITE 9. BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) USA CARROLL OKI, AHOMA WIDOWED X DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 1648 Stone Chapel Road Professor New Windsor Teaching USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21776 13d. INSIDE CITY LIMITS? 1648 Stone Chapel Rd. CARROLL New Windsor 3a STATE MD NO K 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Singleton Pennington Elliso Oliver Lucy n 17. INFORMANT Maiggrestreet 21157 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Wm. B. Dulany, Esq., Westminster 013-26-2401 unknown na CAUSE OF DEATH (Enter only one cause per line for (a), the and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, CINAS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERM ALL DIFEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 20 AUTOPSY? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? DEPARTMENT OF PRIOR TO BURIA YES T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21L LOCATION 21d, INJURY OCCURRED AT WORK AT WORLE STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY 77s. I certify that Took charge of the remains described above death resulted tram EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATOR 23a BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) 10/11/85 Cremation Carroll Cremation Hampstead Carroll MD 412 Washington Road 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** Robert K. Pritts. Sr., Westminster, MD. (VR A15 ME (5)) 20M 4/82

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(VRA 15, 4)

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ge 4 moy	3. SE	MALE	WHITE	5. DATE O	BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHD.	F UNDER 1 YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS. HOURS MIN.
heath. Pour in 72 hou	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) AHRYLAND	UNITED ST	MARRIED WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR C	PRROLL	<u>М</u>
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LAND 2120 uin 24 hours y filled in by should be fill			NTY 113c CITY O	R TOWN minster	YESXEK NO	13e STREET ADDRESS 27 Kemper	Ave. 2	1157
MARYL ompletely and 2 s	I4. FA	George	E. Smi		15. MOTHER'S MAIDEN NAM	we Middle	Sim	ith
BALTIMORE,			RMED FORCES? 166. SOCIA VE WAR OR DATES) DA 216-	L SECURITY NO.	Charlotte De	er with	ed Wistmin	4 P.L.
7 2 5 5			nly one couse per line (or 1a), ED BY: TE CAUSE (o)	ncestu	e Best	Kailem	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
PRESTON ST he death rem he attendant emove co th mation, or entro		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS ACON	wer	lon Dreu	et dipo	ue 5	YEARS
res that the med by the please reputriol, creative, or other		couse (a), stating the underlying couse last. PART 2. OTHER SIGN(FICANT	DUE TO, OR AS 499	56	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	8)	EAK
DIVISION OF VITAL RECORDS, 201 W. NG PHYSICIAN: The low requires that to ottending physicion. After this certificate has been signed by the strength of the buriol-transit permit. Then please in the and Mental Hygiene prior to buriol, cretted or them 18 shows any injury, or other order of them 18 shows any injury, or other other order.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WERE FINDING CAUSES YES T	NGS USED OF DEATH?
A OF VITA SICIAN: Il ag physicic certificate riol-transit ental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IF	TEM 18 PART 1 OR PART 2)	
DIVISION NG PHYS Offer this os the but th and And	MEDICAL	21d. INJURY OCCURRED WHILE OF NOT WHILE OF AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY,	2300	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDI Spirol or ICTOR: A d for use			at) view the body after death.	_19 <i>225</i> _, on	that in (my) (ayr) opinion (death occurred an the date	and hour and from the	
ITAL OR PAY THE PRAIL DIRE RAL DIRE detocher inter Dep NT: # fter		276. SIGNATURE	Holle	er K		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED S
O HOSPITAL efoined by th TO FUNERAL should be deter with the Store		PANEL	T.WELLIV	ER M	D. WES	TMINST	EN MAI	EYLAND.
BP	В	BURIAL, CREMATION, REMOVAL SPECIFY Urial	10/9/85	Meadow	METERY OR CREMATORY Branch	23d LOCATION CITY OR TOWN Westminst		1 MD
DHMH - 16 50M 4/B2 (VRA 15, 4)		obert K. Pri		gton Ro		REC'D BY REGISTRATE	The state of the s	Name of the last

23c NAME OF CEMETERY OR CREMATORY

Bruid Ridge Cemet.

COUNTY

Baltimore

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

Md.

DHMH - 16 60M 7/84 (VRA 15, 4) 230 BURIAL, CREMATION, REMOVAL

10/31/85

412 Washington Road

Robert K. Pritts, Sr., Westminster, Mov5

Burial

24 FUNERAL DIRECTOR

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

PF	-	N	\cap

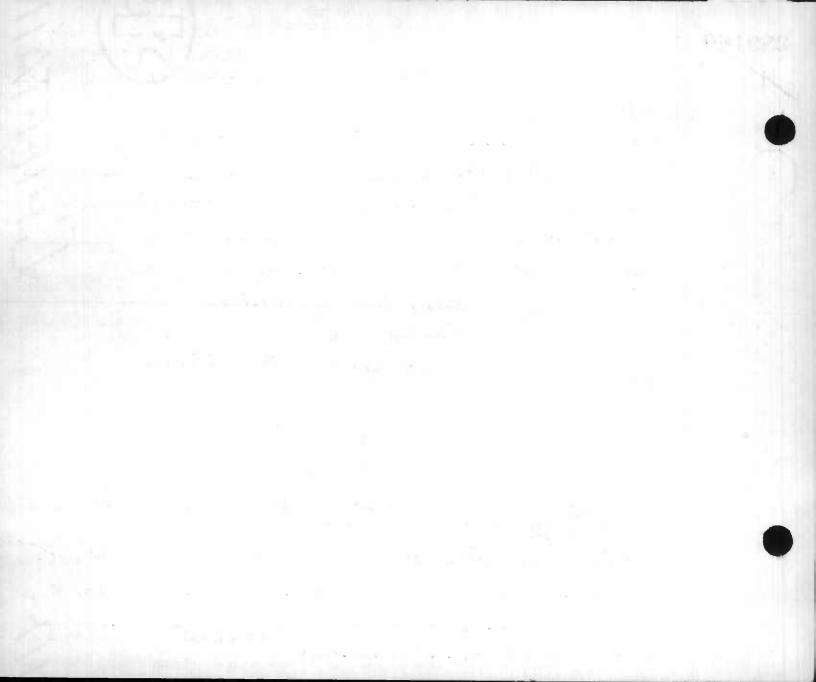
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	MIDOLE	LAST	20 DATE OF DEATH MO	ONTH DAY YEAR 26. HOUR
Thomas	s Evans Turnba	ugh	October 1	LO, 1985 PM
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHO	MONTHS DAYS HOURS MIN.
Male	White	June 25, 1919		YRS.
	76. CITIZEN OF WHAT COUNTRY?		9 BAITIMORE CITY OR	
Maryland	U.S.A.	WIDOWED DIVORCE	Carroll C	- MU
10 CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET 		120. USUAL OCCUPATION	VORKING LIFE) INDUSTRY
Finksburg	1809 Fawn Way	Road	Foreman	Construction
USUAL RESIDENCE (# NURSING HOME OR 136 STATE 13b COUN Maryland Car		VN 13d. INSIDE CITY LIA	12000 -	
Walter Turi		IS. MOTHER'S MAIL FIRST	Bertha Kenned	last
160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT	URITY NO. 17 INFORMANT	ADDRESS	>
	WII 217 05 1	152A Helen M.	Turnbaugh	Same APPROXUMATE INTERVAL BET WEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF T	DUE TO, OR AS CONSEQUENCES	Inones ENCAMEN U		TION GIVEN IN PART TO
		21c HOW INJURY	OCCURRED (ENTER NATURE OF INJURY)	IN ITEM 18 PART I OR PART 2}
OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (AI HOME STREET, FACTORY OFFICE,	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	N COUNTY STATE
	otal) attended the decreased from 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE		e and haur and from the couses stated 27c. DATE SIGNED
John W. Mid	dleton	182 E	. Main Street W	Westminster, Md
236. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMA	ATORY 234 LOCATION	
(SPECIFY) Burial	Oct. 14, 1985 C	rest Lawn Memor:	ial CITY OR TOWN	ard Co., Maryland
24 FUNERAL DIRECTOR NAME Burgee-Henss Fune				B REGISTRAR'S SIGNATURE COM

DHMH - 16 50M 4/83 (VRA 15, 4)

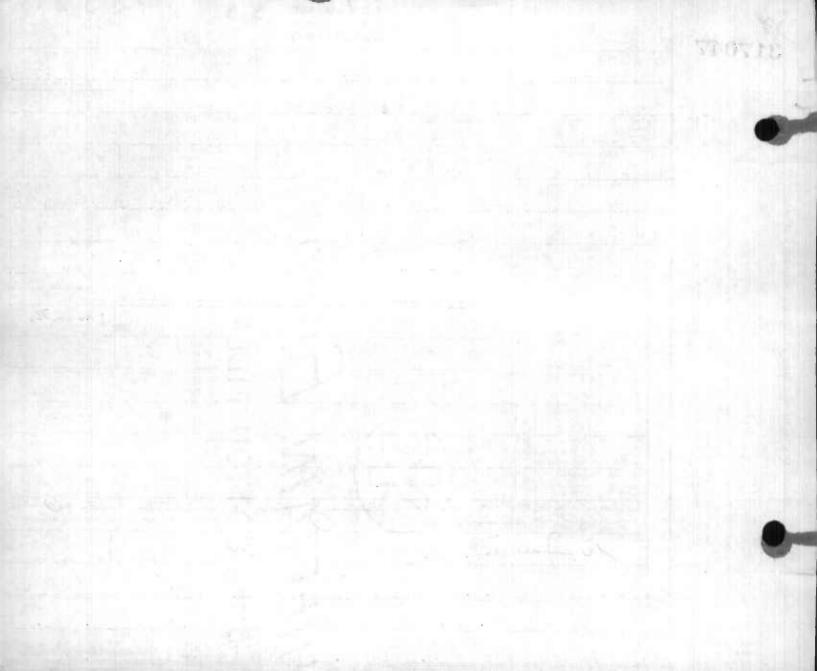
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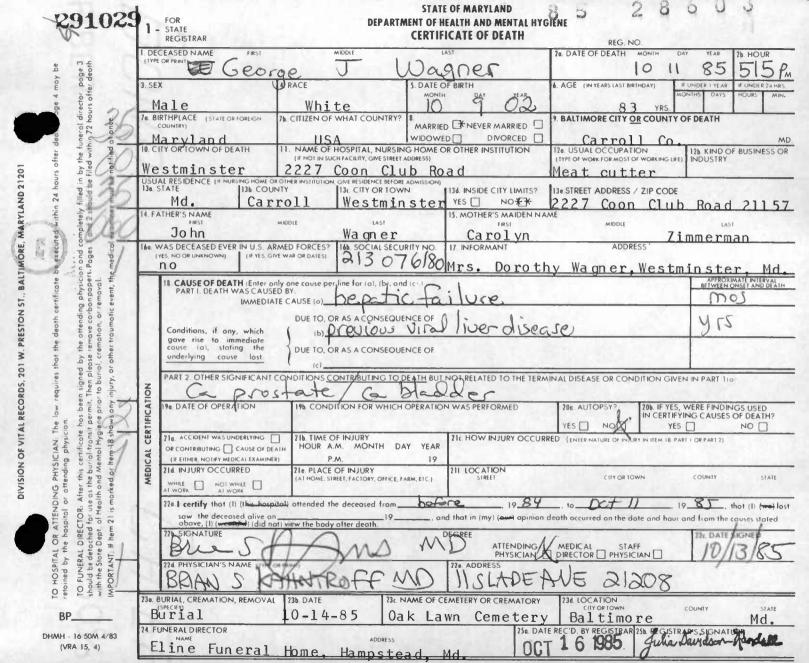
TO FUNERAL DIRECTOR

MPORTANT: If them 21 is should be detached



X	17047		FOR STATE REGISTRAR			CERTIFI	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	REG. N		2
4	# w €		EASED NAME FIRST OR PRINT)		WIDDLE	LA		26. DATE OF DEATH		10:30 MAN
8	poge r deo	3. SEX	A. Vernon	I4 RACE	VOnLind	enbe:	rg BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 Y	EAR IF UNDER 24 HRS
100	and a state of the	5. 02.		T.7		MONTH	25 17	68	YRS D	AYS HOURS MIN.
TO THE	100 00		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED		OR COUNTY OF DEATH	Н
-	272	M	aryland	U	SA	WIDOWE		Carroll		MD.
	the turn		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME O	OTHER INSTITUTION	120 USUAL OCCUPAT		ID OF BUSINESS OR
5	by th	На	mostead	3800	North Ca	rrol	l Lane	Lawyer		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120'	20 E 90	USU A 130. S	AL RESIDENCE (IF NURSING HOME O TATE 13b COU	R OTHER INSTITUTION	13c. CITY OR TOW	ADMISSION)	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS		21074
AND	filled hould be		MD	Carrol	Hamps	tead	YES NO		orth Carr	oll Lane
RYL	withii d 2 s		THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN N	WIDDLE		LAST
W.	and		anfred		Linden be		Margare	et	FSS	
ORE	n and c Pages			E WAR OR DATES)			1/ INFORMANT	Hampstea on Linden b		
TIW	D 0 % 0		Yes WW		217-07-		Dolores v	on Linden b	erg 3800	North Car. PROXIMATE INTERVAL VEEN ONSET AND DEATH
, BA	ficate paper novol ent, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY						
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PRE			gave rise to immediate couse (a), stating the	(6)_	OR AS A CONSEQUE	NICEOF				
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201	gned b n pleas buriol, ry, or a		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	DITION GIVEN IN PAR	RT 1(a)
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ECO	no been no been no been no been no been no been no be prior	CERTIFICATION	190 DATE OF OPERATION	196 COND	OITION FOR WHICH	OPERATION	WAS PERFORMED	20a. AUTOPSY?	206. IF YES, WERE FIT	JSES OF DEATH?
AL R		E E		7 21b. TIME C	DE INTERPO		21. HOW INTURY OCCU	YES NO	YES	NO 🗆
Ş	PHYSICIAN: The ending physicia this certificate in burial-transit and Mental Hygie d or Item 18 sho	,	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE		LM. MONTH DA	YEAR	ZIE HOW INJURY OCCU	JEKED (ENTER NATURE OF INJ	JRY IN HEM 18, PART I ORPAR	1 2)
O Z	SICI nng p cert cert dents Aents	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		OF INJURY	19	21f LOCATION			
Si OS	G PHYSICIAN: The attending physicio er this certificate by the burial-transit and Mental Hygie red or Item 18 sho	MEC	WHILE IN NOT WHILE IN		TREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
N N			22a I certify that (I) (this hosp	atal) attended t	he deceased from	2/5	19.73	) to 10	/24 19 85	that (1) (we) last
	THE 11 10 (I)		sow the deceased alive a	n1	0/24/19	35 on	d that ip (my) (our) opinio		, = 1	
	A SEC A BE		abave, (I) (we) (did) (did n	of) view the bady	y affer death.		DEGREE			ATE SIGNED
			10-	center	- ore		ATTENDING PHYSICIAN	MEDICAL STA	CIAN 10	/25/85
	HOSPITAL OR AT ined by the hosp FUNERAL DIREC wild be detached if h the State Dept		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22a ADDRESS	er Beckley		ad
	ro Hospital retained by th TO Funeral should be deti with the State		D.V. Fausti	ino M.D	).		Hampstead	MD 210		
	Off Ad 3 ₹	230.	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c h		METERY OR CREMATOR	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP		Burial	Oct.	28,1985	Par		Baltimo		
	DHMH - 16 50M 1/76	1	UNERAL DIRECTOR			-lamps	teau	ATE REC'D. BY REGISTRAL		NATURE Randalle
	(VR A 15 (4))	ЭE	line Funeral	Home	934 3Si n	nain	St. IN	UV 1 4 1985	Juna vanda	on-Munasia.





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE CERTIFICATE OF DEATH 305023 REGISTRAR REG. NO 2h HOUR 2a DATE OF DEATH MONTH I DECEASED NAME TTYPE OR PRINTS 09/2 Lawrence Awalt Weller 85 10 & AGE (IN YEARS LAST BIRTHDAY) IS LINDER 2 1 HD IF UNDER 1 YEAR 5. DATE OF BIRTH 4 RACE 3 SEX DAYS 24 1906 White Male BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED Westminster Carroll U.S.A. WIDOWED DIVORCED 12b. KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 10 CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Carroll County Gen. Hospital Westminster ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 136 COUNTY 170 Willis Street 21157 Carrol Westminster Maryland YESX 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE WIDGIE Wilbur Awalt Weller Marharet 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Doris S. Weller 170 Willis St. No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) RECURRENT CONGESTIVE HEART FAILURG MONTHS DUE TO OR AS A CONSEQUENCE OF HEART DISEUSE - MITRAL VEARS RHEUMATIC Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION RENAL FAILURE 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ NO YES [ 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART I OR PART 2) 21n ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY STATE CITY OR TOWN COUNTY STREET (AT HOME STREET, EACTORY OFFICE, FARM ETC ) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram 19 85, and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated 126 saw the deceased alive an abave (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNED DEGREE 22b. SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be di with the Star IMPORTANT: 22e ADDRESS 274 PHYSICIAN'S NAME (TYPE OR PRINT) Anchor St. Westminster, Md. 21157 Fiocco MD 23d LOCATION 234 NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE Burial 10-29-85 Krider's Cemetery Westminster Carroll Son FO PATE REED BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 PUNERAL DIRECTOR homas D. Fletcher & So Westminster, Md. 21157 DHMH - 16 50M 4/B3

(VRA 15, 4)

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S. (I family)	pondra 9		- ecopi	To account

DHMH - 16 60M 7/84

(VRA 15, 4)

03119	1. DE	STATE REGISTRAR  CEASED NAME FIRST E OR PRINT)	MIDDLE	REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 2b HOUR			
deorge deorge	3 SE		<u> </u>	y Earl Wilber Sr.  4 RACE Caucasian  7 CITIZEN OF WHAT COUNTRY? U.S.A.  5 DATE OF BIRTH NOVEMBER 10 1902  8 MARRIED NEVER MARRIED NOVEMBER 1 DIVORCED		October 21	IF UNDER LYEAR IF UNDER 24 HRS
4 36 4	0.50	Male				82 _{YE}	MONTHS DAYS HOURS MIN.
5 1 1	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) Washington D.C.				9 BALTIMORE CITY OR COU Carroll County	, MD.
The state of	1	Sykesville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Sykesville Fidery		or other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  Man. of Shippin	IZE, KIND OF BUSINESS OR INDUSTRAMERICAN Totalisator (
A hour hours hour	13a	Maryland Car	or other institution, give residence bi INTY roll 13c CITY OR T Syke	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13 C CITY OR TOWN  Sykesville		13e STREET ADDRESS / ZIP C	ODE 21784
od within	14. F	4 FATHER'S NAME Hillary Lee Wilbor MIDDLE  HAST  HAST  Margaret Ann Mooney  MIDDLE					
	160	WAS DECEASED EVER IN U.S. AI		03-9390	17. INFOMBANHILLary 600 Brunk O	Farl Willberger. Ourt Reis	21136 terstown Maryland
			inly ane cause per line far (b) (b) ED BY: ATE CAUSE (a)  DUE TO, OR AS A CONSE	mor	Pulmon ary	failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ONLINELL
ures that the dead igned by the atter- en please remarken. burnal, cremation. ury, or atter traum.	7	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSE	D.P.J	NOT RELATED TO THE TERM	inal disease or condition	15 yr -
he low requency.  has been so permit. The ene prior to pows ony initial.	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATIC	DN WAS PERFORMED	200 AUTOPSY? 200 II YES NO 2	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
PHYSICIAN: TI trending physicia r this certificate the burial-transit and Mental Hygi ed or Item 18 sh	MEDICAL CERT	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 710. INJURY OCCURRED  WHILE NOT WHILE AT WORK	HOUR A.M. MONTH	19	211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEN	COUNTY STATE
L OR ATTENDING the hospital or at L DIRECTOR: After stacked for use as it e Dept at Health o		22a.l certify that (1) (this hosp	oital) attended the deceased from the bady after death.		DEGREE ATTENDING	medical staff	have and from the causes stated
O HOSPITAL TO FUNERAL should be dete		228 PHYSICIAN'S NAME GYPE	DKutma.	n	22e ADDRESS	cuille, H	1 21784
O HOSP etomed TO FUNI should be with the		BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	123d LOCATION	

8728 Liberty Road Randallstown, Maryland 21133

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310016	1-	FOR STATE REGISTRAR			TOF HEALTH AND MENTAL HYDERTIFICATE OF DEATH	GIENE REG. NO	<b>o</b> .	
ge 4 may be rector: page 3 urs offer death		CEASED NAME PRIST OR PRINTI HILOLO C-emale	P RACE White		mert  Date of Birth  South Say 08	10-18 -	MONTH DAY  - 85  [HDAY] IF UN  MONTH	YEAR 26 HOUR  M  NDER I YEAR IF UNDER 24 HRS  HS DAYS HOURS MIN.
rs ofter death. Pe by the funeral di filed within 72 had		RTHPLACE (STATE OR FOREIGN MD)  TY OR TOWN OF DEATH  354minster		SPITAL, NURSING F	NEVER MARRIED DIVORCED DIVORDIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DI	CARROLI  12a USUAL OCCUPATION (1745 OF WORK FOR MOST O B Oarding	COUNT	TY MD.
E, MARYLAND 215 uted within 24 hour	130 S M 14. FA	AL RESIDENCE (IF NURSING HOME OF TATE  TATE  THER'S NAME FIRST  William	MIDDLE P	etry	13d INSIDE CITY LIMITS? YES NO    15. MOTHER'S MAIDEN NA  FIRST  Gertrud	e widdle	unk	st MD 21157
BALTIMORE  BALTIMORE  BE executed to a control or contr		VAS DECEASED EVER IN U.S. AR (IF YES, GI  18 CAUSE OF DEATH (Enter of	na Nates)	SOCIAL SECURITY  213-05-3		lkins West	N. tar	onery Rd. er, MD.
quires that signed to the offents put hen pleo to buriol.	Z	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	TE CAUSE (o)  DUE TO, OR A  (b)  DUE TO, OR A	AS A CONSEQUENC	E OF	faret of animal disease or continued the continued of the	DITION GIVEN II	N PART I(o)
AL RECORDS  The low required.  The been significant. Therefore prior to be consoling to the	CERTIFICATION	IN CERTI				206. IF YES, WE IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH? NO	
DIVISION OF VITAL NG PHYSICIAN: The oriending physicion fifer this certificate h os the busiol-tronsit p th and Mental Hygien orked or item 18 shave	MEDICAL CE	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	HOUR A.M. P.M. 21e. PLACE OF	MONTH DAY	19 211 LOCATION	RED (ENTER NATURE OF INJUR CITY OR TO		ORPART 2)  COUNTY STATE
SPITAL OR ATTENDI 1 by the hospiral or VERAL DIRECTOR: A be detoched for use 5 State Dept of Heal ANT: If them 21 is m		220.1 certify that (1) (this hasp sow the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	ot) view the body of		, 19, 19, and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [	MEDICALSTAF	E/	, that (I) (we) lost d from the couses stated the DATE SIGNED
TO HOS	23a B	Dean Griff	in 236. DATE		E OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	col	UNTY
BP DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	Burial  UNERAL DIRECTOR 41  Dhert K. Prid	10/21 12 Washi	ngton Ro	stminster  1. 256 DAT	Westmins E REC'D. BY REGISTRAR 201035		S SIGNATURE

42.00 Party of the Control No. 1 Correct Performance of the Contract Manager The Committee of the Service S Thomas terms was the contest of the Arbeite C. Sitter auf Bern Westernebern der Stein gerafte der Bernebern ber der Steine der Bernebern ber der Bernebern bei der Bernebern ber der Bernebern bei der Bernebern ber der Bernebern bei der Bernebern b

Robert K. Pritts. Sr., Westminster, MD

(VRA 15, 4)

STATE OF MARYLAND

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455 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 298104 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2g. DATE OF DEATH AMELIA M. MAY Amelia M. Yingling YINGLING 10 Not 4/85 Doy (Type or print) Year IF UNDER I YEAR FEMALE S. DATE OF BIRTH 6. AGE (in years IF UNDER 24 HRS 11/08/ 65 lost birthday) MONTHS DAYS HOURS Female 76 CITIZEN OF WHAT COUNTRY? 70_BIRTHPLACE (State or fareign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED CARROLL DIVORCED [ 12a. USUAL OCCUPATION (Kind of work done 12b. KIND durin**TEACHER**ing life, even if retire **SCHOOI**STRY CARROL dive straight body as STATE CENTER 12b. KIND OF BUSINESS OR PRESTON STREET, BALTIMORE, MARYLAND 21201 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER
YES 803 FAIRFIELD AVENUE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Demission) STATE CARROLLI3b. COUNTYWESTMINSTER NO 13d INSIDE CITY LIMITS? Madmission) STATE 21157 Last MOTHER'S MAIDEN NAME FIRST NETTIE FLICKINGER Middle THOMAS J. WEISHAAR 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
OYes, na, ar unknown) (NOsive war or dates of sen 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (Ne)give war or dates of service) 157-01-2793 ALFRED C. YINGLING 803 FAIRFIELD AVENUE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH corbon PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF гетоме Conditions, if ony, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause d PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) DIVISION OF VITAL RECORDS, 301 permit 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO T YES [ tronsit 21a. ACCIDENT WAS UNDERLYING [ 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from Oct 1, 1985, ta NOW, 19 saw the deceased alive an Det 8 1985 and that in (my) (ex) apinion death accurred an the da _19 \$ Sand that in (my) (ear) apinian death accurred an the date and have and from the ATTENDIN causes stated abave, (I) (w) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED. DIRECTOR ATTENDING PHYS MED. DIRECTOR DEGREE det 22d. PHYSICIAN'S 22e. ADDRESS TO FUNERAL should b 23b. DATE (County) (Stote) /NEW MINDSOR / Mo/// Balto., Md. 24 EUNERAL DIRECTOR Anatomy Board 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DHMH - 16 3/72 25M whie Devidson Randoll (VR A15 (4))

STATE OF MARYLAND

PROPERTY AND ADDRESS OF THE PROPERTY OF THE PARTY OF THE